



MISSOURI

STATE BOARD OF NURSING

NEWSLETTER

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Message From the President

Authored by Dr. Teri A. Murray, PhD, RN,
Board President

WHAT DOES MY RENEWAL FEE PAY FOR?

Nursing regulation is the governmental oversight provided for nursing practice in each state. Nursing is regulated because it is one of the health professions that pose risk of harm to the public if practiced by someone who is unprepared or incompetent. The public may not have sufficient information and experience to identify an unqualified health care provider and is vulnerable to unsafe and incompetent practitioners. Through regulatory processes, the government permits only individuals who meet predetermined qualifications to practice nursing. The Board of Nursing is the authorized state entity with the legal authority to regulate nursing.



Murray

The Missouri State Board of Nursing approves individuals for licensure, approves educational programs for nurses, investigates complaints concerning licensees' compliance with the law, and determines and administers disciplinary actions in the event of proven violations of the Nurse Practice Act.

With the RN renewal period upon us, some of you may wonder what expenses are covered by the licensure fee. The current renewal fee is \$45 for Registered Nurses. \$10 of the RN fee is deposited in a fund with the Department of Health in order to administer the nursing student loan program. You can access more information about the nursing student loan program at <http://www.dhss.state.mo.us/CommunityHealthInitiatives/PrimoNurseLoanProgram.html>

The top three expenditures for the Board are professional services to investigate complaints, supplies and salaries. This year, we mailed approximately 84,301 renewal notices for a total postage bill of approximately \$27,000. One of the ways costs can be decreased is to keep your address current with the Board office. To date, we have mailed 3,073 duplicate renewal notices. There were a total of 4,756 renewal notices returned due to incorrect addresses or expired forwarding orders.

The Board of Nursing's expenditures also include costs assessed by the Division of Professional Registration,

Department of Insurance, Financial Institutions and Professional Registration and Office of Administration. These costs include services such as computers, information technology support, purchasing staff, accounting staff, web site maintenance, and licensing renewal processing staff. Transfers total approximately 48% of our annual budget, while direct costs spent by our Board account for approximately 52% of our annual budget.

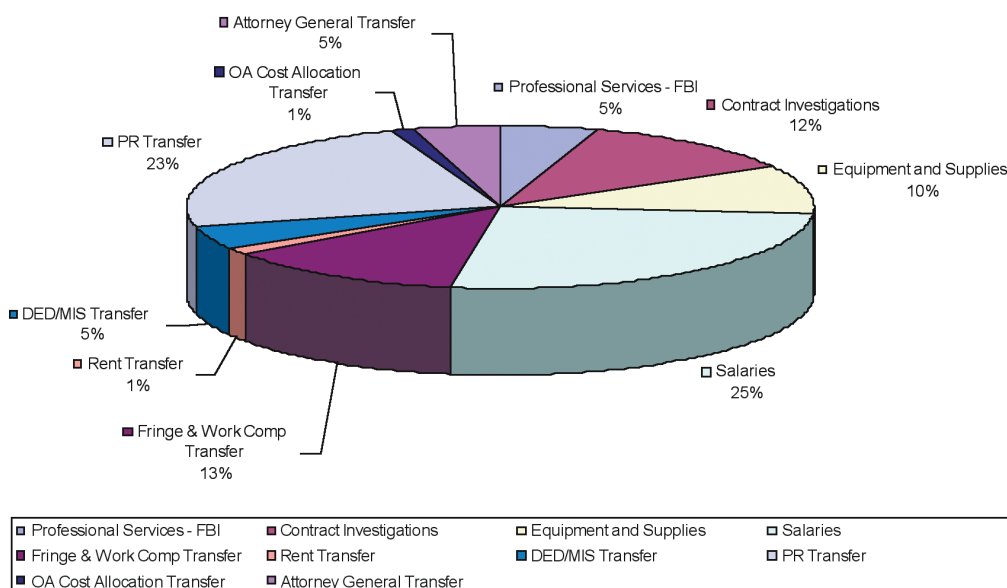
RNs renew every two years in odd-numbered years and LPNs renew every two years in even-numbered years. Since there are more RNs than LPNs, the Board receives more revenue in odd-numbered years than in even-numbered years. The RN renewal cycle is February to April. The LPN renewal cycle is March to May. When determining revenue and expenses, the Board must plan to have enough reserve in the fund to pay expenses until the revenue from renewal fees is received. State statute 335.036.4, RSMo, indicates that the Board of Nursing funds cannot be placed to the credit of general revenue unless the amount in the fund at the end of the year exceeds three times our appropriation. This prevents the Board from charging excessive fees and also explains why renewal fees may fluctuate from year to year.

The Board of Nursing reviews projections (revenue and expenditures) against what we have actually spent at each of their quarterly Full Board meetings. We are very cognizant of the fact that nurses pay for the operation of the Board and continually look for ways to cut costs.

In order to protect the public, the Board is required to investigate complaints that are received against licensees. Because the Board does not have statutory authority to impose fines to recoup costs from investigations, the costs for investigations are paid for out of the nursing fund, which is comprised of the fees collected from licensees. Past improvements in the investigative process have made a great impact by reducing the total cost for investigations today. The Board members and staff continue to strive for efficiencies in all areas.

Budget cuts are prevalent in today's business climate. Most of the budget cuts are to state agencies that operate from tax dollars, commonly referred to as general revenue. The Missouri State Board of Nursing operates on fees collected from licensees. This does not mean that we are not affected by budget cuts. Since we are assessed fees through cost allocation plans, as other agencies suffer budget cuts, our cost allocation may increase. We review changes to projections and cost allocation plans at the Board's quarterly Finance meetings. We will continue to monitor and strive to keep increases at a minimum for the licensee. A copy of the budget is available for review at the Board office.

FY2006 Board of Nursing Budget



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The Honorable Matt Blunt

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Important Telephone Numbers

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (MoSALPN)	573-636-5659
Missouri Nurses Association (MONA)	573-636-4623
Missouri League for Nursing (MLN)	573-635-5355
Missouri Hospital Association (MHA)	573-893-3700

Executive Director Report

Authored by Lori Scheidt, Executive Director

Legislative Update

There are several nursing hot topics this year. Our newsletter articles are due approximately two months before the newsletter is actually published. By the time, you receive this newsletter the legislative session will have ended. In order to determine if bills actually passed, you can check the final disposition of bills at <http://www.moga.state.mo.us>

HB 914—Patient Safety Bill

Representative Tim Meadows (Democrat-District 101) has worked with our office and nursing stakeholders across the state for several years on patient safety initiatives and was the first bill sponsor for the patient safety initiatives bills. Representative Ellen Brandom (Republican-District 160) joined Representative Meadows in his efforts. We sincerely thank all



Scheidt

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of our legislative sponsors and supporters for their continued willingness to champion this progressive reform aimed at improving patient safety.

This bill would give the Board the authority to request an expedited hearing and to hold default hearings. It would also amend the mandatory reporting rule, protect the title nurse, change the penalty for impersonating a nurse from a misdemeanor to a felony, add a retired nurse license status and allow the Board to contract with another agency for an impaired nurse program.

Rationale for Expedited Hearing Authority

Expedited hearing authority is already granted to the Board of Pharmacy and Board of Registration for the Healing Arts.

It would allow the Board to take quick action to stop conduct and protect the public. On June 13, 2001, a nurse administered morphine to a patient in dosages, which were not ordered by the patient's physician. She also administered propofol to the same patient on May 5, 2001 without an order from the patient's physician. The nurse was arrested for Murder 1st degree on November 5, 2001. Because the Board does not have injunction authority and does not have an expedited hearing process, this nurse was not required to stop practicing nursing until June 19, 2002.

Rationale for Default Hearing

The Board expends considerable time and expense trying to locate and serve licensees whose license has been disciplined by the Board and who, as a condition of discipline, have failed to keep the Board apprised of his or her current place of employment and residence. After notice and service of the original disciplinary action, if a licensee fails to adhere to the terms of discipline the Board would like to conduct default hearings and impose such additional discipline as authorized by law. As an example, the Board of Nursing received a complaint against a nurse on December 6, 2002. The investigation was completed on December 17, 2002. On February 6, 2003, the Administrative Hearing Commission found cause to discipline the nurse's license. The licensee moved to Florida and did not notify the Board of her new address. It took the Board 2 years to find her. During that time, the nurse entered a guilty plea to a felony drug charge and continued to have a license to practice nursing because she could not be served with notice of a hearing.

Rationale for Amending the Mandatory Reporting Rule

The current mandatory reporting rule requires that only hospitals and ambulatory surgical centers report discipline against health care professionals. This bill would amend the mandatory reporting rule to require that temporary nursing staffing agencies report disciplinary actions and clarify that they only need to report discipline that is grounds for disciplinary action according to the practice act.

Temporary nursing staffing agencies are not regulated and are not mandated reporters. The Board has no authority to take action on issues that are not a violation of the nursing practice act so would like the law clarified on what needs to be reported.

The Board would seal complaints where the Board found no cause to discipline the nurse's license. Under the current law, all complaints, even those that are unsubstantiated stay on the nurse's record.

Purpose of an Impaired Nurse Program

- Provide a confidential means for treatment of nurses whose practice is impaired due to chemical dependence and mental disorders in order to provide increased protection of the public by allowing nurses to seek treatment.
- Promote the health and safety of the public and the nurses' recovery by encouraging early identification and close monitoring of nurses who are impaired due to chemical dependency and mental illness.
- Decrease the time span between identification of a nurse's impaired practice

secondary to chemical dependency or mental illness and initiation of treatment and recovery. The current time span is 6 months to 2 years.

- Provide an opportunity for retention of nurses within the nursing profession.
- Provide a monitoring program for recovering nurses to assure compliance with treatment, recovery and re-entry into practice in a therapeutic, non-punitive manner.

Benefits

- The program will be available to all licensed nurses (100,000 plus).
- The program will benefit employers because they will have a program they can refer a nurse to and work with the nurse on a return to work contract, if they so desire.
- The impaired nurse program will allow nurses the ability to get assistance for their disease immediately, thereby protecting the public from potential harm.
- In the event of a relapse, the nurse would be required to be re-evaluated for their fitness to practice before the nurse would be able to resume practice.

Collaboration

The Board of Nursing was approached by nurse employers to develop a program for impaired nurses. The Board appointed a task force that studied the subject and developed this proposal. The task force was comprised of one representative from each of the following groups: Missouri Hospital Association, Kansas City Area Nurse Executives, Missouri State Association of Licensed Practical Nurses, Missouri Organization of Nurse Leaders, Missouri Association of Nurse Anesthetists, Missouri Nurses Association, Department of Health Bureau of Health Facilities Licensure, Missouri Association of Homes for the Aging, Missouri Ambulatory Surgical Center Association, and Missouri Alliance for Home Care.

The proposal is modeled from the Dental Board's Well-Being Committee that is in existence and works well. There are 35 other states have some form of impaired nurse program.

Fiscal Impact

The fiscal impact is unknown at this time. After approval, the Request for Proposal (RFP) process will have to take place. The Board of Nursing will contract with the provider. The nurse will be required to pay part of the cost of the program and the Board of Nursing does plan to dedicate some of their funds to operate this program. If legislation is enacted, this will be the largest impaired professionals program in Missouri so the anticipated cost is unknown at this time.

Prescriptive Authority for Advanced Practice Registered Nurses (APRNs)

Several bills were introduced this session which, if passed, would allow APRNs to prescribe controlled substances (schedules II-V under a collaborative practice agreement. The two that seem to be moving are House Bill 190 (Representative Kenny Jones,

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Republican-District 117) and Senate Bill 511 (Senator Delbert Scott, Republican-District 28).

Midwives

House Bill 504 (Representative Mike Daus, Democrat-District 67) and Senate Bill 303 (Senator John Loudon, Republican-District 7) would create a Board of Direct-Entry Midwives under the Division of Professional Registration.

Department Reorganization Bill

Since an August 28, 2006 Governor’s Executive Order, the Division of Professional Registration has been operating under a newly created Department of Insurance, Financial Institutions and Professional Registration. Senate Bill 164 would formally revise the statutes to implement the Governor’s Executive Order and shorten the new department name to Department of Insurance, Financial and Professional Regulation.

Board of Nursing Fund

Senate Bill 455 would require that the balance of all state funds in excess of 200% be transferred to the state General Revenue Fund every two years.

Senate Bill 222 would require that the balance of all state funds be transferred and credited to the General Revenue Fund if state revenue does not increase by more than 2%.

The Board of Nursing has concerns about both of these bills based on the following facts.

The Missouri State Board of Nursing operates under state statutes found in Chapter 335.

- State Statute 335.036.2 states that licensing fees shall be set at a level to produce revenue which shall not substantially exceed the cost and expense of administering this chapter.
- State Statute 335.036.3 states that all fees shall be deposited in the state treasury and be placed to the credit of the state board of nursing fund. All administrative costs and expenses of the board shall be paid from appropriations made for those purposes.
- State Statute 335.036.4 indicates that the Board of Nursing funds cannot be placed to the credit of general revenue unless the amount in the fund at the end of the year exceeds three times our appropriation. This prevents the Board from charging excessive fees and also explains why renewal fees may fluctuate from year to year. In fact, the renewal fee for the next two years is being cut in half. Since nurses pay the fees into the fund, they should receive the credit (discount) back.
- **The Missouri State Board of Nursing operates on fees collected from licensees, not from general revenue.** This does not mean that we are not affected by budget cuts. Since we are assessed fees through cost allocation plans, as other agencies

suffer budget cuts, our cost allocation may increase. We review changes to projections and cost allocation plans at our quarterly Board meetings.

- RNs renew every two years in odd-numbered years and LPNs renew every two years in even-numbered years. Since there are more RNs than LPNs, the Board receives more revenue in odd-numbered years than in even-numbered years. The RN renewal cycle is February to April. The LPN renewal cycle is March to May. When determining revenue and expenses, the Board has to plan to have enough reserve in the fund to pay expenses until the revenue from renewal fees is received.
- Expenses exceed revenue except during months that licenses are being renewed. When our fund balance is reviewed for possible sweep, it is at the end of renewal cycle when our fund balance is the highest.
- The Board of Nursing (and entire Division of Professional Registration) contributes to general revenue because interest from the fund balance goes into general revenue—we do not keep interest earned on our own fund.
- The Board is faced with an unpredictable number of licensees and is in the midst of a nursing shortage, making it extremely difficult to accurately project revenue.
- The Board increased license renewal fees through an emergency rule on January 1, 2001. As a result of the emergency fee increase, the Office of the State Auditor completed an audit of the Board of Nursing and Division of Professional Registration in August 2001. The audit recommended that the Division and Board closely monitor the revenues, expenditures, and fund balance of the Board’s fund and ensure projections are accurate and timely. When necessary, fee increases or decreases should be proposed and implemented in a timely manner. The Board concurred with the audit recommendation and re-evaluates the budget and projections every quarter. UNPLANNED expenses or DECREASE IN THE ACTUAL FUND BALANCE will have a dramatic impact to our budget projections and could lead to another fee increase.
- In September 2000, the Board of Nursing had to obtain a loan from OA to cover operating expenses.
- The Board is attempting to get legislation passed for an impaired nurse program, for which the Board will pay some of the cost. After the legislation is passed, this will have a fiscal impact on the Board’s budget.
- The Board must investigate and act on cases in the interest of public protection. The Board must maintain a healthy fund balance so they can carry out their duties. We

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had a case recently that involved 4 deaths and has taken a considerable amount of money to investigate and litigate.

Other Bills of Interest

HB 182—(Representative Mark Bruns, Republican-District 113) Establishes the Outside the Hospital Do-Not-Resuscitate Act to permit the execution of do-not-resuscitate orders for use by emergency medical providers for patients receiving treatment outside a hospital.

HB 201—(Representative Ward Franz, Republican-District 151) Adds Nubain to the list of Schedule IV controlled substances.

HB 208—(Representative Robert Schaaf, Republican-District 28) Establishes the Medical Imaging and Radiation Therapy Quality Assurance Act of 2007 and requires credentialing of sonographers and vascular technologists.

HB 209—(Representative Robert Schaaf, Republican-District 28) Changes the laws relating to collaborative practice privileges for certain medical students and the laws relating to physician assistant licenses. This would change the definition of “supervision” and limits the number of supervisions, collaborative practice agreements to three.

HB 340 (Representative Thomas Villa, Democrat-District 108) Removes health care providers from the mandatory exclusion from jury duty and allows the court to excuse a health care provider from jury service at the court's discretion.

HB 350—(Representative Dennis Wood, Republican-District 62) Creates the classification of licensed prescribing psychologist under the State Committee of Psychologists and establishes licensing requirements.

HB 353 (Representative Robert Schaaf, Republican-District 28) Changes the laws regarding fraud and abuse in the Missouri Medicaid Program

HB 378, (Representative Edward Wildberger, Democrat-District 27) Establishes the Registered Surgical Technologist Title Protection Act.

HB 412 (Representative Ed Emery, Republican-District 126) Specifies that pharmacies will be immune from liability for refusal to perform, assist, recommend, refer to, or participate in any act or service in connection with any drug or device that causes an abortion.

HB 450 (Representative Judy Baker, Democrat-District 25) Establishes the Missouri Health Profession Shortage Planning Commission to develop recommendations regarding the health profession workforce.

HB 497 (Representative David Sater, Republican-District 68) Establishes guidelines for the licensure and supervision of physician assistants.

HB 508 (Representative Robert Schaaf, Republican-District 28) Requires any public or private entity receiving a complaint about care delivered in a hospital licensed in this state to forward the complaint to the Department of Health and Senior Services.

HB 588 (Representative Robert Schaaf, Republican-District 28) Requires hospitals and ambulatory surgical centers to implement an acuity-based patient classification system.

HB 727 (Representative Dr. Charles Portwood, Republican-District 92) Provides that school nurses be paid on the same pay scale as teachers.

HB 749 (Representative Tom L. Loehner, Republican-District 112) Changes the definition of "qualified employment" as it applies to the professional and practical nursing student loan program. A companion bill was filed in the Senate as SB 513 by Senator Dan Clemens, Republican from District 20.

HB 788 (Representative Wayne Cooper, Republican-District 155) Changes the laws regarding public health emergency preparedness.

HB 802 (Representative Sam Page, Democrat-District 82) Adds the inoculation for human papilloma virus to the list of required immunizations for school attendance.

HB 878 (Representative Steven Hobbs, Republican-District 21) Creates the Missouri Healthcare Access Fund to provide a funding source for designated areas with healthcare shortages.

SB 305 (Senator Harry Kennedy, Democrat-District 1) Creates the "Medical Imaging and Radiation Therapy Act".

SB 346 (Senator Wes Shoemyer, Democrat-District 18) Amends the law relating to physician assistants.

SB 467 (Senator Jack Goodman, Republican-District 29) Prohibits health care professionals from billing for anatomic pathology services not personally rendered.

SB 537 (Senator Brad Lager, Republican-District 12) Relating to physician assistants.

Your Role in the Legislative Process

We urge you to study all facets of the issue being considered and know your facts. Be able to tell your legislator what impact a bill will have on his or her constituents. Know the opposing viewpoint. Every issue has two sides.

As a licensed professional, you do have a voice in shaping the future of health care. You can meet with, call, write or e-mail your legislators. Let your legislators know how to reach you, your area of expertise and that you are willing to give them information on issues related to nursing. You can find information about the status of bills and how to contact legislators at <http://www.moga.state.mo.us>.

Missouri Nursing Coalition

The Missouri Nursing Coalition was formed to develop and demonstrate unity in nursing in Missouri.

The Missouri Nursing Coalition is comprised of the President and Executive Director of each of the following organizations.

1. Missouri League for Nursing (MLN)
2. Missouri Nurses Association (MONA)
3. Missouri Organization of Nurse Leaders (MONL)
4. Missouri State Association of Licensed Practical Nurses (MoSALPN)
5. Missouri State Board of Nursing (MSBN)

The objectives of the coalition are:

- Enhance communication among the organizations regarding key issues that affect nursing.
- Encourage collaboration among the organizations.
- Develop support/unity for nursing in Missouri.
- Seek mutual agreement on key nursing issues.
- Provide a forum for discussing major positions recognizing that there may be differing points of view—"agree to disagree."
- Move the agenda for nursing forward.
- Be action and outcome oriented, not a study group.

In subsequent newsletters, we will keep you informed about the Missouri Nursing Coalition's issues and priorities. What follows is a short synopsis of each organization in the coalition.

People are the key ingredient to a successful program. A strong, collaborative partnership between nursing organizations is ideal. Although each organization has its own mission, all partners with varying areas of expertise are equally important to the coalition.

Missouri League for Nursing (MLN)

The Missouri League for Nursing (MLN) is a non-profit organization dedicated to improving standards of quality education, services, and health care delivery and is open to anyone interested in furthering the goals of good health care for Missourians. There are currently over 2,000 members that support the organization.

Established in 1953, the MLN provides over 200 continuing education workshops throughout the state on approximately 30 health care topics, such as dementia, end-of-life care, legal issues, mental health, medication administration, and much more. Several conferences are offered throughout the year that cater to nurse educators, nurse managers, nursing home administrators and Directors of Nursing in long-term-care.

The MLN is also dedicated to supporting health care professionals through scholarships, mentoring and leadership programs. Two programs that provide mentoring and the fostering of leadership are the Missouri Leadership Council for Nursing Students and The Summer Nursing Academy.

The Missouri Leadership Council for Nursing Students is a mentoring program that pairs nursing students from colleges and universities across Missouri with nursing professionals, so they can begin to build the networks and relationships that will help them become natural leaders

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and successful health care professionals. The leadership council has had a tremendous seven years, serving over 200 nursing students and mentors who excel in their chosen profession...nursing.

The 2006 Summer Nursing Academy allowed high school students to explore nursing as a career. The week-long camp (June 12-16), was free of charge to the 10 participants, entering 11th and 12th grades, and was held at the Moberly Area Community College (MACC) campus. The Academy included hands-on classes and field trip destinations.

The Summer Nursing Academy is one of the activities that the Missouri League for Nursing (MLN) has been contracted by MACC to help coordinate through the funding of a Health Resources Services Administration (HRSA) grant. Through this grant, the main focus is increasing the numbers and diversity of the nursing workforce in rural northeast Missouri. Other grant activities include the establishment of high school Nurse Career Clubs and a Mentoring Program that introduces college students to nursing professionals.

The MLN's mission is "to support the delivery of quality health care by nurses and other health care providers through education, collaboration and information." Please visit www.monursing.org to see all of their offerings or call the MLN office at 573-635-5355.

Missouri Nurses Association (MONA)

The Missouri Nurses Association (MONA), a one-hundred year old association, is the only full-service professional organization representing Missouri's RNs, and is a constituent member of the American Nurses Association (ANA). *Its mission is to protect and enhance registered professional nursing practice in all environments to assure quality, affordable and accessible health care for people in Missouri.* Key program areas of the Association

include legislation and governmental affairs, workforce advocacy, economic & general welfare, accreditation and provision of continuing nursing education, professional development and supporting nursing practice and research.

Legislation and governmental affairs encompass a broad range of issues, including workplace rights and safety, adequate and safe nurse staffing, continuing competency, access to quality health care, ethics and human rights, health care finance and nursing services reimbursement, nursing education, nursing practice and professional licensure. Additionally, the affiliated MONA-PAC (Political Action Committee) receives individual contributions and supports statewide candidates supporting nursing's agenda on important issues.

MONA's workforce advocacy program provides myriad resources to the individual nurse in attaining safe, professional, collaborative and healthy work environments, while the Economic & General Welfare (E & GW) program adds representation through collective bargaining as an available strategy to address workplace issues.

The Missouri Nurses Foundation (MONF)—a non-profit, charitable entity within the MONA enterprise — supports the continued growth and development of nursing in Missouri. Key objectives include promoting professional nursing practice and enhancing the availability of quality health care in Missouri through philanthropic endeavors that support the mission of MONA and the nursing profession. Student scholarships are also awarded to assist those entering the nursing profession.

Various levels of involvement and different membership options are available to registered professional nurses through MONA, and additional information is available online at www.missourinurses.org, or by calling (573) 636-4623.

Missouri Organization of Nurse Leaders (MONL)

The Missouri Organization of Nurse Leaders offers its members educational and networking opportunities designed to encourage the advancement of effective nursing leadership in Missouri. Membership is open to all registered nurses in Missouri who serve in leadership positions or who aspire to be leaders. MONL membership also is available for graduate nursing faculty, nursing management consultants, editors of professional nursing journals and individuals employed by professional licensing, accrediting or quality improvement organizations that support MONL's mission and goals. MONL is a personal membership group of the Missouri Hospital Association and an affiliated local group of the American Organization of Nurse Executives.

MONL's vision is to shape the future of health care in Missouri through innovative nursing leadership. To achieve this, MONL:

- serves as a supportive, networking resource
- forms strategic relations and partnerships with other nursing organizations
- promotes the role of nurses in leadership positions through education, mentoring, career development, collaboration and recognition
- engages and energizes nurse leaders to envision and develop innovative and creative solutions to present and future nursing issues
- assesses the work environment and workforce shortages to develop strategies to increase retention and recruitment

An organization since 1979, MONL keeps members apprised of regulatory and legislative issues and advocates on behalf of its members. We strive to strengthen and increase MONL's visibility through networking and sharing best practices through our listserv, Website, newsletter and representation on state, regional and national committees and task forces. We also work to build strategic relationships with other nursing and health care organizations such as the Missouri Nursing Coalition, schools and regulatory bodies. Through conferences and our on-line database, MONL promotes educating, mentoring and developing excellent nurse leaders.

"MONL offers an excellent networking opportunity for nursing leaders in the state," said MONL president, Rita Brumfield, R.N., MSN. "It is gratifying to know that each of us has issues much the same as our colleagues, and we have the support and expertise within our organization to offer assistance."

Membership dues are \$50 per year. To learn more about MONL, visit www.monurseexec.org or contact Sharon Burnett at 573/893-3700, ext. 1304 or sburnett@mail.mhanet.com.

Missouri Association of Licensed Practical Nurses (MoSALPN)

The MoSALPN is a not-for-profit organization specially formulated to represent the Licensed Practical Nurse and to acquaint the general public with respect to practical nursing. MoSALPN's purposes include:

Education—MoSALPN assumes responsibility for stimulating, developing and promoting systematic continuing education for its members at an affordable price. An annual convention is held in various cities yearly with education programs and contact hours given.

Representation—MoSALPN provides representation of LPN's in professional education and community groups and helps to maintain a good rapport with all major health service groups and associations in the state. MoSALPN is recognized as the accepted professional representative of the Licensed Practical Nurse.

Information—MoSALPN serves as a resource center for informational material for LPNs. This is accomplished through use of a centralized office for the management of MoSALPN's activities and by publication of the official newsletter, the Broadcaster.

Legislative Activities—MoSALPN keeps its members abreast of all action and activities of legislation that might have an adverse or positive effect upon the profession of Practical Nursing. MoSALPN employs a person to monitor legislation.

Benefits—MoSALPN members receive contact hours for sponsored education programs and access to liability and medical insurance programs. A constituent member of the National Association for Practical Nurse Education and Services (NAPNES).

To learn more about MoSALPN, contact them at MoSALPN, P. O. Box 105542, Jefferson City, MO 65110. Phone: 573-636-5659 or 800-283-1948. Fax: 573-636-3732 Web site <http://www.mosalpn.org/>

Missouri State Board of Nursing (MSBN)

The mission of the Missouri State Board of Nursing is to protect the public by development and enforcement of state laws governing the safe practice of nursing.

The Missouri State Board of Nursing is a regulatory board. It is an agency of state government that was established in 1909 through enactment by the Missouri General Assembly (the state legislature) of a law that mandates both the structure of the Board and the Board's functions. That law is commonly referred to as the Nursing Practice Act or (NPA) and is Chapter 335 of the Revised Statutes of the State of Missouri (RSMo). The Board consists of 9 individuals, 5 of whom must be RNs, 2 whom must be LPNs and one public member appointed by the governor. Board members are public officials and their meetings are open to the public, as are many of their records. The regulatory body is a governmental body to which individual health care practitioners must pay fees (called licensure fees) in order to practice legally in the state of Missouri.

The Board exists solely to enforce the law and rules regulating practice. The Board has authority to establish requirements individuals must meet to obtain a license to practice nursing. The Board approves pre-licensure nursing education programs, oversees the licensure examination of nurses, and takes disciplinary action when a licensee violates the law. These activities help to assure that only qualified individuals provide care to the public.

The State of Missouri has approximately 79,000 licensed RNs, 23,000 LPNs and 5,400 APRNs functioning in variety of health care settings.

The members of the Board, along with its staff and general counsel are entrusted with the legal responsibility to see that the provisions of the law are carried out effectively, in addition to serving as a policy making and planning group. When administering the NPA and establishing policy, the Board considers the licensee, the patient, the community, the State of Missouri and programs of professional and practical nursing.

It is important to note that the Board of Nursing enforces the law and rules' regulating the practice of nursing as the law currently is stated, not how individuals may wish the law to be. The Board only has the authority to take disciplinary action against those who are regulated by the Board. Those who are regulated by the Board are RNs, LPNs and APRNs. The Board may investigate situations that involve the activities of those who are not RNs, LPNs or APRNs. However, the Board cannot take action in cases involving non-licensees without the assistance of county prosecutors willing to prosecute the unauthorized practice of nursing. The Board can gather all the evidence proving unauthorized practice but must depend upon the county prosecutor to actually bring charges against the individual.

The Board does not have authority over the employers of nurses. Mandatory overtime, double shifts and other similar employment issues are outside of the Board's authority. But if an employer is directing nurses to act in ways that are not consistent with standards of safe care, as those are set forth in the law, the Board may be notified and a complaint may be filed so an investigation can proceed.

You may find more information about the Board at <http://pr.mo.gov/nursing.asp>

Education Corner



Authored by Marilyn K. Nelson, RN, MA
Education Administrator

Missouri State Board of Nursing Education Committee Members:

- Teri A. Murray, Ph.D., RN, Chair
- Linda Conner, BSN, RN
- K'Alice Breinig, RN, MN
- Kay Thurston, ADN, RN

Minimum Standards

Proposed revisions for the Minimum Standards for Approved Programs of Professional Nursing (20 CSR 2200-2.001 through 2.180) and Practical Nursing (20 CSR 2200-3.001 through 3.180) have been submitted and are making their way through the required governmental channels. Hopefully, they will have been published in the Missouri Register and public comments received by the time you read this Newsletter. In this article, I will inform you about the proposed revisions/changes.

The Minimum Standards for both professional and practical nursing programs consist of 17 separate rules. The rules for the professional and practical nursing programs mirror one another with the primary exceptions being in those pertaining to faculty qualifications and the educational program. I will discuss the rules with the major revisions by title and number. Unless stated otherwise, the stated changes would apply to both professional and practical nursing programs. Please realize that the Minimum Standards are stated very broadly which allows the individual programs flexibility in structuring and implementing their program. For example, the rules state that a program is to have written policies regarding admission criteria that are available to the applicant. The rule does not specify the criteria but leaves that to each program. A major part of the rule revision process was to reorganize content and eliminate unnecessary wording so that the rules are less cumbersome and to add wording that reflects current educational practices.

The **Definition** rule (2.001 and 3.001) was expanded to include such terms as mission, distance learning, class, multiple campuses, program outcomes, and satellite location. Other definitions such as campus, pilot program/project, annual survey, grievance policy and procedure, coordinator, and administrator were defined more specifically.

A lot of work was devoted to revising the **Approval** rule (2.010 and 3.010), especially in the portion devoted to the Initial Approval process. Proposed revisions include

making the sponsoring institution's Letter of Intent to establish a program available to all nursing programs in the state via the Board of Nursing's website. Per the revisions, a sponsoring institution shall have only one program proposal under consideration for initial approval at any one time. This means that a sponsoring institution could not have two proposed associate degree programs being considered at one time. However, it could have one associate degree and one practical nursing program under consideration at one time, as each program would be considered under separate rules. Currently, the rules state that a sponsoring institution is to indicate its approval status in the program proposal. The proposed revision clarifies this by stating that the sponsoring institution is to submit evidence of accreditation by an agency recognized by the United States Department of Education. The proposed rule revision more clearly defines Full Approval and Conditional Approval status.

Per the proposed **Multiple Campuses** (2.035 and 3.035) rule, each campus of a program will continue to be treated independently as to compliance with the Minimum Standards. The proposed revision clarifies that on each campus a full time faculty person is designated as the coordinator and reports to the program administrator. Another clarification is that satellite locations (defined as a site geographically separate from but administered and served by a primary program campus) do not qualify as multiple campuses. A campus is defined as a specific geographic program location with a distinct student body and coordinator at which all appropriate services and facilities are provided.

In the rule titled **Organization and Administration of an Approved Program** (2.050 and 3.050), there is a proposed change stating that there is to be a faculty governance structure with responsibility for the nursing curriculum and the admission, progression and graduation of students. Currently, the rule states that the faculty has authority to formulate rules governing Committees of Admission and Curriculum. The rationale for the proposed revision is to ensure that the nursing faculty have the authority to decide admission criteria as well as to specify the criteria to be met by the student to progress in the program and graduate. The proposed changes would eliminate the need for a program to depict relationships with cooperating agencies in the organizational chart(s) as currently required. Per suggested wording change, the program administrator would manage rather than administer the budget for the nursing program.

The proposed revisions for the **Administrator/Faculty** rule (2.060 and 3.060) include a reorganization of content so that the rule flows in a more logical fashion. A proposed addition to the qualifications for the program administrator and faculty for both types of programs is that the individual is to not only have a current license

to practice nursing in Missouri but that the license shall not currently be under disciplinary action by the Board. Other qualifications for the program administrator remain unchanged—a graduate degree in nursing for a professional program and a baccalaureate or graduate degree in nursing for a practical program. Nursing faculty teaching in a baccalaureate program will continue to need a graduate degree in nursing. For faculty teaching in associate degree and diploma programs, the qualifications continue to be a baccalaureate degree in nursing degree with the addition of a statement that a graduate nursing degree is recommended. The qualification for faculty teaching in a practical nursing program will continue to be a baccalaureate degree in nursing. Use of the term graduate degree in nursing will accommodate those individuals for whom the Master's in Nursing is the initial nursing degree.

The major proposed revisions in the **Physical Facilities** rule (2.070 and 3.070) pertain to the criteria regarding the clinical skills laboratory and the addition of criteria for technological resources/computers. For both professional and practical nursing programs there are to be policies and procedures governing the administration and use of the skills laboratory including budget allocation for equipment and supplies and plans for acquiring and maintaining equipment. The criteria for technological resources/computers is similar with the stipulation that each program and each campus of each program shall have access to current technology and available resources to meet the educational needs of students and the instructional and scholarly activities of the faculty. These additions were made based on the increased use of computers to access nursing journals and other health care information, administer tests, and provide online courses as well as the use of computerized simulation models in the skills laboratory. Nursing education and health care involves more technological resources almost on a daily basis and this is an attempt to have the rules reflect current practice.

For the **Clinical Sites** rule (2.080 and 3.080), the major proposed revision is to eliminate the current need for the Board to approve clinical sites prior to utilization. It was felt that the clinical site and individual nursing programs are better able than the Board to determine the ability of the clinical site to provide a quality student learning experience at a time requested by a program. Both types of programs will continue to submit clinical site information in their Annual Survey but the specific information required to be submitted will be eliminated from the rule and instead be provided in guidelines for the Annual Survey. The proposed revisions eliminate the term "participatory observation" in both the Definition rule and this rule. Student clinical activities will be categorized as either direct care (which would include any patient care given by a student under the direction of a faculty member or preceptor) or observational experience in which a student does not administer any patient care but observes

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only. Thus, the revisions propose that observational experiences should not exceed 20% of a program's total clinical hours rather than the current 40%.

The proposed changes for the **Preceptor** rule (2.085 & 3.085) are mainly reorganization of content so that the responsibilities of the nursing program faculty and those of the preceptor are more readily apparent. Rather than saying that preceptors are not to be used in introductory/foundation courses, it is proposed that the wording be changed to fundamentals of nursing courses to provide more clarity as to meaning. A preceptor in a professional nursing program must be a registered nurse and in a practical nursing program the preceptor may be either a RN or LPN as stated in the current rule. For both types of programs, the number of years of actual nursing practice to qualify as a preceptor would change from two years to one and a statement that a preceptor shall supervise no more than two students at a time would be added.

For the rule regarding **Students** (2.090 and 3.090), the proposed changes include those relating to students for whom English is a second language. The current rule specifies that such a student take and pass an English proficiency examination whereas the revision would only state that such a student shall meet the same general admission requirements as other students. It is proposed that the statement requiring an applicant to possess necessary functional abilities be eliminated. This change would be consistent with improved means via which individuals can compensate for a variety of sensory and physical deficits. Also suggested for elimination is the statement that, if the nursing program does not provide health services, a plan for emergency care must be in writing. This statement was considered unnecessary as assistance to seek emergency care for a student needing such would naturally occur no matter what the requirement stated.

The primary suggested change to the **Educational Program** rule (2.100 & 3.100) for both types of programs is the addition of criteria regarding distance education. Among the proposed criteria are those requiring that clinical courses must be faculty directed and include direct patient care activities and that there must be recurring interaction between program faculty and students. The criteria would apply to both individual courses offered by a program online and a complete online program of study. The proposed changes include use of the terms mission and/or philosophy and the term course outline would be changed to course syllabus. The rule will continue to not specify a total number of credit or clock hours required for each type of program. For the curriculum requirements for a professional nursing program, a listing of biological and physical science content to be either offered as a discrete course or integrated would be eliminated and the statement that instruction will be provided in the biological and physical sciences retained. Content currently listed separately for nursing science courses and nursing support courses would be combined. This would continue to include the legal and ethical aspects of nursing. For practical nursing programs, the requirement that the program shall be no less than ten (10) months in length remains unchanged as will the listing of subject areas/content to be provided by the program.

The only major change in the **Program Evaluation** rule (2.130 & 3.130), is the proposed criteria that graduates of the program be surveyed 6 months or more after graduation to evaluate program preparation for nursing employment.

Several changes and additions are being proposed for the **Licensure Examination Performance** rule (2.180 and 3.180). One would be to change the time frame to calculate a program's pass rate of first time candidates on the licensure examination from July 1 of one year through June 30 of the following year to the calendar year. The pass rate required will remain at 80%. A statement defining first time candidates as those graduates of the program who take the licensure examination for the first time within one year of graduation would be added. For whatever reason, there are program graduates who delay taking the examination for a year or even longer. Statistics indicate that the longer a graduate waits to take the exam the more apt s/he is to fail. Thus, the performance of such first time candidates can adversely affect a program's pass rate. There is proposed wording regarding program effectiveness to indicate other parameters that the Board will consider when reviewing an individual program's pass rate. These would include class graduation rates, student and employer satisfaction and job placement. Programs experiencing a second consecutive year of pass rates below 80% would be required to submit a plan of correction. If a program has been on Conditional Approval status for two years, the program's ability to demonstrate consistent measurable progress toward implementing the plan of correction will be considered by the Board in determining whether or not such status will be continued or approval withdrawn.

There has been some proposed rewording but no substantive changes of the following rules:

Discontinuing and Reopening Programs (2.020 & 3.020)

Change of Sponsorship (2.030 & 3.030)

Program Changes Requiring Board Approval, Notification, or Both (2.040 & 3.040)

Records (2.110 & 3.110) and

Publications (2.120 & 3.120)

Again, an expression of gratitude is due to those nursing program directors and faculty who served on the task force to revise the Minimum Standards which was chaired by Teri Murray, PhD, RN, current President of the Board and Chair of the Board's Education Committee. The members were:

Deborah Barger, MSN, RN

Elizabeth Buck, PhD, RN

Regina Cundall, MSN, RN

Susan Fetsch, PhD, RN

Donna Jones, MSN, RN

Virginia Mayeux, MSN, RN

Patricia Porterfield, PhD, RN and

Julia Ann Raithel, PhD, RN

Item Development Program

In a change of subject, the Board of Nursing acknowledges the following nurses who have represented Missouri in the NCLEX® item development program for the first quarter of FY2007, which was October 1 to December 31, 2006.

Stephanie Powers—Candidate for the RN Item Review Panel

Jeffrey Charles McManemy—Member of the RN Master Pool Review Panel

Erin Cattoor—Alternate for the PN Item Writing Panel

If you are interested in serving as an item writer or reviewer for the NCLEX® RN or PN examinations, you can find the information on the National Council of State Boards of Nursing website www.ncsbn.org.

Farewell

This will be my final article for the Newsletter as I am retiring. As Education Administrator, I have enjoyed getting to know nursing program administrators and faculty around the state and appreciate their dedication and commitment to providing quality nursing education. I wish all of the nursing programs continued success.

Discipline Corner

Authored by Janet Wolken, RN
Discipline Administrator

Missouri State Board of Nursing Discipline Committee Members:

- Charlotte York, LPN, Chair
- K’Alice Breinig, RN, MN
- Clarissa McCamy, LPN
- Amanda Skaggs, RNC, WHNP

The decisions made regarding your Missouri nursing license or a nursing license in another state will affect your current Missouri license, your current licenses in other states as well as any future licenses you may want to hold. The Missouri Board as well as the public wants to ensure that a nurse who is on discipline in Missouri is not traveling to another state and working without that state being aware of the history of the nurse.

How do other states know if a Missouri nursing license is being disciplined? When the license of a nurse in Missouri is disciplined the Missouri State Board of Nursing sends a report to a third party called *Nursys*. *Nursys* in turn reports this information to the Healthcare Integrity and Protection Data Bank. This communication is regulated under section 1128E of the *Social Security Act* as added by Section 221(A) of the *Health Insurance Portability and Accountability Act of 1996*. Under this section the Healthcare Integrity and Protection Data Bank (HIPDB) was established. Federal and state government agencies and health plans are reporters to this data bank. Federal and state government agencies and health plans may query the data bank for information on practitioners. Health care practitioners, providers and suppliers may self query and researchers may obtain statistical data only.

Nursys sends out “discipline alerts” to staff at the Missouri State Board of Nursing office. These alerts make board staff aware that a nurse who holds a license in Missouri has been disciplined in another state.

When the office receives a discipline alert they will then contact the state where discipline has occurred and obtain as much information from that state as possible. The cause for discipline and terms of discipline are requested. Then our investigators review the information we receive, obtain any additional information that they feel our Board Members will need to make the decision if there is a violation of the Nurse Practice Act. Each of these cases is reviewed on an individual basis because each state’s practice act is different and what may be a violation of the practice act in one state may not be a violation of the practice act in another state. Just because a nurse is under a disciplinary agreement in another state does not mean that they will be under a disciplinary agreement in Missouri. It is important for employers to check each license separately to determine if restrictions exist in their state.

On this same thought it is important to realize that what happens to your Missouri nursing license may affect your nursing license in another state.



Wolken

When your Missouri nursing license is disciplined other states that you currently hold a license in will be notified. They in turn will request information from Missouri regarding the licensee’s violation of the Missouri practice act.

Also in the future when you wish to hold a nursing license in another state and fill out an application for licensure the state that you are applying to will request and receive the information regarding past discipline in Missouri. When a license is disciplined that discipline remains on that license permanently. That is why it is so important to practice within the Nurse Practice Act and to be honest about any discipline that has occurred on a nursing license.

If you currently have a disciplined license it is very important to comply with the terms of your discipline, even if you are no longer working in Missouri and feel that you will never work in Missouri in the future.

If a licensee fails to comply with the terms of their disciplinary agreement then they may have a probation violation complaint filed against their license. If the Board makes the decision to impose further discipline such as revocation then the licensee’s name will again be entered into the Healthcare Integrity and Protection Data Bank. The state where the licensee is currently practicing will become aware that Missouri revoked the license and that state will request the facts of the case. The initial cause for discipline may not have caused the state to impose discipline on the licensee; however, a revocation order may be a violation of that particular state’s practice act.

Occasionally a licensee will enter into an agreement with the Board. However, they are not currently practicing in Missouri and feel that they will not practice in Missouri again. Then the licensee will contact the board office and state that they wish to voluntarily surrender their Missouri license. They may feel that the terms of the agreement are too difficult to maintain or they just feel that the Missouri license is no longer needed and will never be needed again. At this point it is important to note that whatever they decide to do with their Missouri license, it may affect their license in other states.

If the licensee decides to not comply with the probationary requirements and wishes to continue with the voluntary surrender of their Missouri license then the voluntary surrender will be with the facts of the original discipline. After the voluntary surrender agreement is signed then the board office is required to report that disciplinary agreement to the Healthcare Integrity and Protection Data Bank. Now there are two entries on the licensee, a probation entry and a voluntary surrender entry and it is up to the individual states where this person holds a license to determine how that state’s license will be affected.

A licensee needs to be aware that states do “talk” to one another in an effort to meet their mission of protection of the public. The licensee must take the disciplinary agreements that they enter into seriously. There are no “do overs” in regards to the terms of the agreements and once they are signed they will affect not just current licensure but also future licensure in all states.

Practice Corner

Authored by Debra Funk, RN
Practice Administrator

Missouri State Board of Nursing Practice Committee Members:

- Amanda Skaggs, RNC, WHNP, Chair
- K'Alice Breinig, RN, MN
- Clarissa McCamy, LPN
- Terry Murray, PhD, RN

A Rule Change?

Recently, the Board of Nursing (MSBN) has received many inquiries from LPNs, dialysis clinics, parent companies of dialysis clinics and other regulatory bodies, regarding when the Intravenous Fluid Treatment Administration rule changed to include LPNs in the dialysis setting. Their initial concerns stemmed around the delivering of medications through the “push” route and performing admixture. This surge in inquiries alerted us to a few things. First, that many nurses don’t understand the rule change process and second, that the changes to rule 20 CSR 2200 6.010-6.060 that took place in 2006 were missed by many people across the state.

As practice evolves it is necessary to review and revise the rules in our Practice Act. This task is usually accomplished by developing a Task Force composed of stakeholders, nurses, from across the state that possess the knowledge, experience, education and skills related to the topic being addressed. The duration of the process depends upon what is being reviewed and how much change needs to be made. Once completed, the recommendations from the Task Force are presented to the MSBN. If questions arise or more work needs to be done, the document may be returned to the Task Force for further research and development. Once the recommendations are approved by the MSBN, the formal rule change process begins. The rulemaking process is explained very concisely in the Missouri Register published by Robin Carnahan, Secretary of State (see *Proposed Rules and Orders of Rulemaking in column 2*) and the Secretary of State’s Rulemaking Manual (see *How are Rules Created? below*).

Professional organizations and regulatory bodies usually keep close tabs on the content of the Missouri Register to keep up with impending changes in their respective industries. In doing so, they can keep their constituents informed and assist in the process of commenting about impending rules that may affect their industry. We have received several calls wondering how individuals can keep up to date with rule changes. A few suggestions would be:

Entirely new rules are printed without any special exceptions for one area or another.

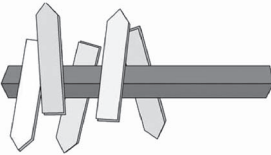
How are rules created?

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Rules can only be written if a statute authorizes a state agency to write a rule pertaining to a particular subject. There are a few rules that are authorized by the Missouri Constitution, but the vast majority of rules exist by statutory authority. So *how does a state agency promulgate a rule?*

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2. The second step to create a rule is to file a proposed rule with the Administrative Rules Division of the Office of the Secretary of State and the Joint Committee on Administrative Rules of the General Assembly **on the same day**.
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4. Following publication, there must be a public comment and/or public hearing period that extends a minimum of thirty (30) days **after** the date of publication of the proposed rule making in the *Missouri Register*. **The agency** must act on the rule making within ninety (90) days following the close of public comment, or the agency may withdraw the rule making at anytime.



- become involved with your professional organizations and/or committees at your place of employment
- become more familiar with the Practice Act as it stands and revisit it once a year
- read your newsletter from the MSBN regularly

In regards to the Intravenous Fluid Treatment Administration rule being revised, a Task Force, organized by the MSBN, completed their review and revision to 4 CSR 200 6.010-6.060 in 2005. The last major revision to this rule had been approximately 10 years previous. Mention of the Task Force work, which began in December 2001, was published in the Aug/Sept/Oct 2003 edition of the MSBN newsletter in the Education Corner. An update of the progress of the rule changes was included in the Nov/Dec 2003/Jan 2004 edition of the newsletter. In the May/ Jun/Jul 2006 newsletter, a final article appeared in the Education Corner, with a brief overview of each section of the newly revised rule. The recommendations made by the Task Force were approved by the MSBN and the proposed rule changes appeared in the Missouri Register October 3, 2005. The comments received from the public and the responses to the comments from the MSBN appeared in the Missouri Register March 1, 2006. The rule changes became final April 30, 2006. Since then, the MSBN and Division of Professional Registration as a whole has been combined with the Department of Insurance and Financial Institutions, which caused a change in the numbers for our rules to 20 CSR 2200 1.010-6.060. The new number for the Intravenous Fluid Treatment Administration rule is 20 CSR 2200 6.010-6.060. The newsletter articles are available for viewing at: www.pr.mo.gov/nursing.asp under the Publications heading.

The changes that were made to the rule were based upon much research into intravenous medication administration practice. This research included but was not limited to such topics as what is required to be taught in LPN programs in Missouri, what is seen across the country in LPN educational programs and practice, inclusion of information covering the latest technologies, standards considered “best practice,” and related negative outcomes. The Task Force went into great detail with definitions and descriptions in each section to cover LPN practice as a whole, not making exceptions for one area or another.



Rulemaking Process as explained in the Missouri Register published by Robin Carnahan, Secretary of State.
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Proposed Rules

Under this heading will appear the text of proposed rules and changes. The notice of proposed rulemaking is required to contain an explanation of any new rule or any change in an existing rule and the reasons therefor. This is set out in the Purpose section with each rule. Also required is a citation to the legal authority to make rules. This appears following the text of the rule, after the word “Authority.”

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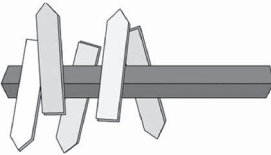
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4. Following publication, there must be a public comment and/or public hearing period that extends a minimum of thirty (30) days **after** the date of publication of the proposed rule making in the *Missouri Register*. **The agency** must act on the rule making within ninety (90) days following the close of public comment, or the agency may withdraw the rule making at anytime.



symbolology under the heading of the proposed rule. If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission. Rules which are proposed to be amended will have new matter printed in boldface type and matter to be deleted placed in brackets.

An important function of the *Missouri Register* is to solicit and encourage public participation in the rulemaking process. The law provides that for every proposed rule, amendment or rescission there must be a notice that anyone may comment on the proposed action. This comment may take different forms.

If an agency is required by statute to hold a public hearing before making any new rules, then a Notice of Public Hearing will appear following the text of the rule. Hearing dates must be at least thirty (30) days after publication of the notice in the *Missouri Register*. If no hearing is planned or required, the agency must give a Notice to Submit Comments. This allows anyone to file statements in support of or in opposition to the proposed action with the agency within a specified time, no less than thirty (30) days after publication of the notice in the *Missouri Register*.

An agency may hold a public hearing on a rule even though not required by law to hold one. If an agency allows comments to be received following the hearing date, the close of comments date will be used as the beginning day in the ninety (90)-day-count necessary for the filing of the order of rulemaking.

If an agency decides to hold a public hearing after planning not to, it must withdraw the earlier notice and file a new notice of proposed rulemaking and schedule a hearing for a date not less than thirty (30) days from the date of publication of the new notice.

Orders of Rulemaking

This section will contain the final text of the rules proposed by agencies. The order of rulemaking is required to contain a citation to the legal authority upon which the order of rulemaking is based; reference to the date and page or pages where the notice of proposed rulemaking was published in the *Missouri Register*; an explanation of any change between the text of the rule as contained in the notice of proposed rulemaking and the text of the rule as finally adopted, together with the reason for any such change; and the full text of any section or subsection of the rule as adopted which has been changed from that contained in the notice of proposed rulemaking. The effective date of the rule shall be not less than thirty (30) days after the date of publication of the revision to the *Code of State Regulations*.

The agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency’s findings with respect to the merits of any such testimony or comments which are opposed in whole or in part to the proposed rule. The ninety (90)-day period during which an agency shall file its order of rulemaking for publication in the *Missouri Register* begins either: 1) after the hearing on the proposed rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

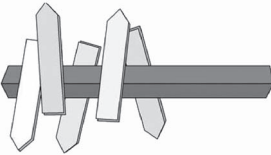
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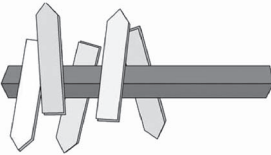
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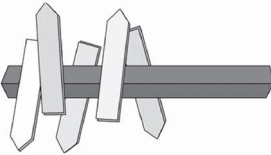
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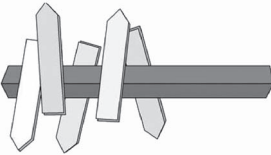
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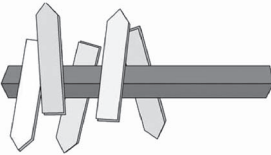
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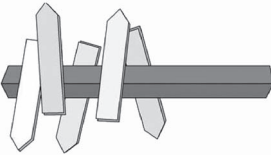
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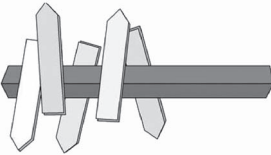
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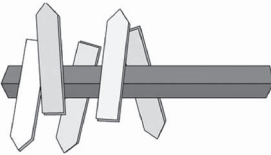
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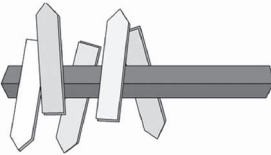
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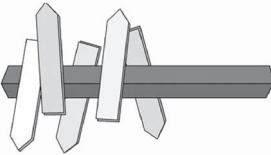
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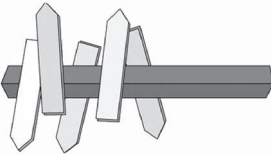
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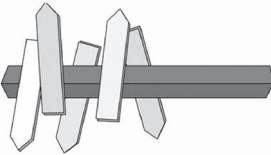
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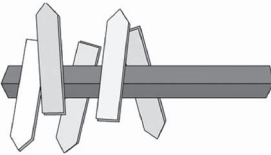
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Licensure Corner

Authored by Angie Morice
Licensing Supervisor

Missouri State Board of Nursing Licensure Committee Members:

Kay Thurston, ADN, RN, Chair
Charlotte York, LPN
Clarissa McCamy, LPN

Can you say that you have integrity?

The *American Heritage Dictionary* states the meaning of integrity is:

- Steadfast adherence to a strict moral or ethical code.
- The state of being unimpaired; soundness.
- The quality or condition of being whole or undivided; completeness.



Morice

How about good moral character?

Moral character is a pattern of behavior conforming to a profession’s ethical standards and showing an absence of moral turpitude.

I see applications every day where the applicant’s integrity is questionable. When a positive criminal history background check is received on an applicant, it is the responsibility of the Board to review the past acts of the applicant, even if the applicant is already licensed in another state and is trying to endorse into Missouri.

When an applicant’s integrity or moral character is questioned, sometimes the Board receives resistance from the applicant. The applicant may state the action happened so long ago that it shouldn’t matter anymore, but it does matter. The mission of the State Board of Nursing is to protect the public.

When the Board reviews applicants who have positive criminal history background checks, they have many factors to consider. Does the applicant accept responsibility for past conduct? Has the applicant identified and overcome weaknesses that led to unlawful conduct? The applicant may have to provide information to the Board including court documents, discharge summaries from past treatment and reference letters.

It is the burden of the applicant to establish integrity and good moral character. I believe we can all say that we wouldn’t want to be the patient of a nurse that does not have integrity or good moral character.

Address Changes

It is the responsibility of the licensee to see that the State Board of Nursing has their correct address. During the RN renewal period, we were getting up to 100 faxes a day from RNs that have moved and did not receive the renewal notice.

It is a policy of the Board, that all address changes must be made in writing. When sending an address change, please include your name, license number, your old and new address and your signature. If using a PO Box, please include a physical location also. The reason all this information is needed is to safeguard your PIN number and personal information.

Address changes can only be accepted in writing and may be submitted by mail (P.O. Box 656, Jefferson City, MO 65109) or fax (573-751-6745 or 573-751-0075).

The Legal Perspective

Authored by Mikeal R. Louraine, B.S., J.D.
Legal Counsel

Representing Yourself

We've all heard the old saying, "The person who represents himself has a fool for a client." I'm not going to label anyone a fool, but I will say that they are placing themselves at a distinct disadvantage. In my last article, I stated that you do not have to hire an attorney to represent you before the Board. While that is technically correct, I went on to advise you that it is in your best interests to retain an attorney. It is important to note that you can retain an attorney at any point in the process. You may choose to hire an attorney before speaking with a Board investigator, prior to any hearing before the Board or for any appeal of a Board order.

Despite this counsel, I know that many nurses, faced with a complaint, choose to represent themselves and forgo legal representation. Some do this for financial reasons; some for lack of knowledge; and some are simply determined to go it alone. If you do choose to represent yourself, let me offer you some words of guidance when dealing with the Board.

First, respond promptly to the Board. When a complaint is made against a licensee, a copy of that complaint is sent to the licensee by our Investigations Administrator. Along with the complaint is a letter asking the licensee to verify their contact information and provide a response to the complaint. It is in your best interest to respond as quickly as possible. Your response may be, "I don't want to talk to you" "I need to contact an attorney before talking with you" "I'm willing to answer any questions you have" or anything in between. If you do not respond to the initial inquiry, though, it's likely that the investigator will complete their investigation and submit the results to the Discipline Committee without your side of the story. That does not benefit you at all.

Second, begin gathering and requesting any documents or records you know of that you believe would be helpful for the Board to see. For example, if you failed a drug screen, but have a valid prescription for the drug, get copies of your medical records documenting the prescription or a letter from the prescribing physician or a print-out from your pharmacy. Whatever you think would support your side of the story, get it as soon as possible. There is simply no good reason to delay. At this point, you know the nature of the complaint and you know your response to the complaint. Gather your evidence immediately.

If the Board decides to pursue discipline against your license, you will be contacted by an attorney representing the Board. The attorney will advise you of the discipline the Board is seeking. That discipline, as well as the particulars of the alleged Nursing Practice Act (NPA) violation, will be laid out in detail in a document called a Settlement Agreement.

Third, read the Settlement Agreement very carefully, especially if the proposed discipline involves a period of probation. If you agree to probation, your compliance with probation will be measured against this document and this document alone. Any violation of the probation could result in further discipline against your license. Therefore, you obviously want to understand the terms of the probation very well. If you don't understand, ask the attorney who sent you the Settlement Agreement.



Louraine

Fourth, understand that the Settlement Agreement, until you have signed it, is not a disciplinary order. If you feel that you have not violated the NPA, you should not agree to discipline. While it is difficult to pursue your case without an attorney, you can do it. If you refuse to sign the Settlement Agreement, the attorney for the Board will file a complaint with the Administrative Hearing Commission. You will be served with a copy of the complaint and be advised of the trial date. The burden of proof is on the Board to prove that you have violated the NPA.

If you believe that you have violated the NPA, but not in the manner described in the Settlement Agreement, you should contact the Board's attorney and discuss this with them. If making adjustments to the wording of the violation will influence your decision to sign the Settlement Agreement, the attorney for the Board has the authority to make changes to the Settlement Agreement.

If you believe that you have violated the NPA, but do not agree with the discipline that has been recommended by the Board, again, you should contact the attorney for the Board and discuss it with them. The attorney may have limited authority to amend the terms of the discipline, but usually cannot. In these cases, the licensee may make a counter-offer to the Board. This can be done by writing a letter explaining why you believe the proposed discipline to be inappropriate and your suggestion for appropriate discipline. This request will be reviewed by the Discipline Committee and they will decide whether or not to accept the counter-offer or adjust the initial proposal.

Fifth, understand that once you sign the Settlement Agreement, you can no longer argue that your conduct was not a violation of the NPA. Our Discipline Administrator has told me repeatedly of licensees who come to her complaining that they didn't violate the NPA. After you have signed the Settlement Agreement, or after the Administrative Hearing Commission has found grounds for discipline, that issue is over. I said it before and I'll say it again, if you don't believe you violated the NPA, don't sign the Settlement Agreement. Our Discipline Administrator is not a Board member and she is not a Court of Appeals. She has no authority to alter the terms of your disciplinary order. She is required to enforce the terms of your probation just as you are required to follow them.

The common thread to almost all of the above points is communication. While a licensee's willingness to talk to the Board's investigators or attorneys are not factors that should affect the outcome of their case, the fact is, not just with the Board of Nursing, but throughout all society, honest and open communication will always be favored over avoidance and manipulation.

If your case proceeds to the point that you have to appear before the Board, I would offer the following nuggets of wisdom;

First, you may appear in person, but are not required to. You may request to appear via telephone conference. This option is good for licensees who believe that their own nervousness may prevent them from effectively presenting their case. Since Board meetings are usually in Jefferson City, this is also a good option if transportation or finances are an issue for the licensee. The down side is that the Board members do not get to see you. They have said on various occasions that they like to 'look the licensee in the eye' before deciding their case. Another option is to submit a written statement. The advantage is that you can make sure you include everything you want to present to the Board in a single, organized fashion. Again, the disadvantage is the inability of the Board members to see you and ask follow-up questions. Appearing in person is best, but if you can't, you have options available to you.

Second, while this may seem like common sense, it merits mention. Dress appropriately. Again, this is not a factor that should affect the outcome of your case, but dressing appropriately shows that you take the matter seriously and shows proper respect to the Board.

Finally, the Board places a very high value on honesty. It seems like every Board meeting there is a licensee who I'm sure won't show up and, even if they do, I'm convinced that their conduct is going to result in their license being revoked. Then the licensee shows up, appropriately dressed, and impresses the Board members with their willingness to take responsibility and their honesty. While I offer no guarantees that this approach will save your license, it certainly represents your best opportunity.

In conclusion, this is in no way intended as an exhaustive list of how to successfully represent yourself in any legal matter. Every matter before the Board will be different and no approach will be appropriate every time. I have just tried to address some of the issues I see repeatedly and that could be easily remedied by the licensee. It will always be my advice that licensees seek legal counsel. However, should you choose not to take that advice, following the tips offered here will help you do a better job of representing yourself.

Investigations Corner

Authored by Quinn Lewis
Investigations Administrator

Mandatory Reporting

This month's article is intended primarily for those facilities in Missouri that are classified as Mandatory Reporters. Most of the information contained in the Investigations Corner usually pertains to facilities that are Mandated Reporters because the Board receives the majority of its complaints from Mandated Reporters. Mandatory Reporters in the state of Missouri include hospitals and ambulatory surgical centers.

4 CSR 2200-4.040 Mandatory Reporting Rule, Purpose: This rule establishes a procedure and guidelines regarding reports required from hospitals or ambulatory surgical centers by section 383.133 RSMo concerning any final disciplinary action against a nurse licensed under chapter 335, RSMo or voluntary resignation of any such nurse in lieu of termination.

With the number of hospitals and ambulatory surgical centers around the state, this rule generates an enormous amount of reports, which, in most cases, are processed and opened as investigations. The investigation of those reports is the subject of this article.

The Board receives close to 1000 complaints per year. This creates an enormous amount of correspondence for the investigative staff. Every complaint investigated requires at least two letters of correspondence (one to the nurse being investigated and one to the facility or individual filing the complaint) to notify them that the Board has received their complaint and an investigation will follow.

A challenge that continues to face the Board's Investigations unit is completing an enormous amount of cases with a limited number of investigators. Excluding the Investigations Administrator, the Board is allotted only four full time investigators and two contract investigators to conduct 800 to 1000 investigations per year. If you look at the numbers you can see that this is a very challenging task.

Therefore, it is vital that we are efficient with our time and resources. Due to some changes in the investigative process mentioned in previous articles, the Board has made some tremendous improvements on the time it takes to complete an investigation. Improvements, such as conducting interviews over the phone and collecting documents through the mail, have been implemented. Mandatory Reporters play a huge role in the success of the Board's ability to conduct investigations in a timely manner.

Mandatory Reporters can assist the Board by providing sufficient information when submitting the initial report. This report is required **only after final disciplinary action**. The report should contain the following:

- (A) The name, address and telephone number of the person making the report;
- (B) The name, address and telephone number of the person who is the subject of the report;
- (C) A description of the facts which gave rise to the issuance of the report, including the dates of occurrence deemed to necessitate the filing of the report.
- (D) If court action is involved and known to the reporting agent, the identity of the court including the date of filing and the docket number of the action; and
- (E) A statement as to what final action was taken by the institution.

I have spoken to individuals that question whether they are allowed to release Protected Health Information to us. Let me assure you that it is not in violation of the HIPAA law to provide that information to us for the purpose of conducting regulatory investigations. The following was drafted by the Missouri Attorney General's office:

The Health Insurance Portability and Accountability Act (HIPAA) and the Privacy Rules located at 45 CFR Parts 160 and 164 do not prohibit or impede release of any "protected health information" sought in this particular situation for the reasons articulated below.

The Missouri State Board of Nursing is a "health oversight agency" as defined in the Privacy Rules (45 CFR §164.501). State health professional licensing agencies are specifically cited as examples of health oversight agencies (65 Fed. Reg. 82492 (Dec. 28, 2000)).

45 CFR §164.512 indicates covered entities may disclose an individual's protected health information without the written authorization of the individual or the opportunity for the individual to agree or object in certain circumstances. Specifically, 45 CFR §164.512(d) states that a covered entity may disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of the health care system or entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards. The Missouri State Board of Nursing's authority to subpoena this information is found in §335.097, RSMo. The information sought in this subpoena is for oversight purposes authorized by law, and thus fits squarely within the parameters of 45 CFR §164.512(d).

Furthermore, the information sought is necessary for a thorough investigation and has been carefully evaluated to ensure this particular information is required to complete the investigation. As indicated in the comments that accompany the Privacy Rules, "nothing in the final rule provides authority for a covered entity to restrict or refuse to make a use or disclosure mandated by other law." 65 Fed. Reg. 82524 (Dec. 28, 2000). Consequently, to the extent that you are required by law to disclose to the Missouri State Board of Nursing the information sought, you cannot use the Privacy Rules as a means to avoid compliance with the law.

In closing, those of you who are responsible for submitting mandatory reports, please review your policies and procedures when submitting reports of **final disciplinary action**. The Board appreciates your cooperation in providing all pertinent information when initially complying with the mandatory reporting rule.



Lewis

NCSBN Selects the Philippines as International Testing Site for NCLEX® Examinations

CHICAGO—The National Council of State Boards of Nursing (NCSBN®) has selected Manila, the capital city of the Philippines, as a new site for the administration of the NCLEX® examinations. NCSBN's Board of Directors made the decision to expand the number of sites at its Feb. 8, 2007, meeting.

Faith Fields, MSN, RN, president, NCSBN Board of Directors, comments, "The Philippine government has shown a deep commitment to ensuring a secure test center in Manila and has been very responsive to NCSBN concerns. Placing a test site in the Philippines will allow for greater customer service to nurses without compromising the goal of safeguarding the public health, safety and welfare of patients in the U.S."

Offered abroad since January 2005, the current international sites for NCLEX examinations are in London, England; Seoul, South Korea; Hong Kong; Sydney, Australia; Toronto, Montreal, and Vancouver, Canada; Frankfurt, Germany; Mumbai, New Delhi, Hyderabad, Bangalore, and Chennai, India; Mexico City, Mexico; Taipei, Taiwan; and Chiyoda-ku and Yokohama, Japan.

Intended for the purposes of domestic nurse licensure in U.S. states and territories, all security policies and procedures currently used to administer the NCLEX examination domestically will be fully implemented at this new site. At this time, no schedule of implementation has been set.

The National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit organization whose membership comprises the boards of nursing in the 50 states, the District of Columbia and four U.S. territories.

Mission: The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection.

Media inquiries may be directed to the contact listed above. Technical inquiries about the NCLEX examination may be directed to the NCLEX information line at

1.866.293.9600 (domestic) or nclexinfo@ncsbn.org.

+1.312.525.3750 (international)

NCSBN Web site <http://www.ncsbn.org>

Pearson VUE Web site <http://www.pearsonvue.com/>

DISCIPLINARY ACTIONS**

Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

**Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number.

INITIAL PROBATIONARY LICENSE

Listed below are individuals who were issued an initial probationary license by the Board during the previous quarter with reference to the provisions of the Nursing Practice Act that were violated and a brief description of their conduct.

Name	License Number	Violation	Effective Date of Restricted License
Marietta Lea Evans Saint Louis, MO	PN2007005125	Section 335.066.1 and .2(1), RSMo 2000 As a part of her application process, Licensee admitted to the Board that she had been using Marijuana for 20 years. In 10/04, Licensee entered Bridgeway Counseling Services to seek treatment for her addiction. She successfully completed that program. She reports celebrating two years of sobriety on 9/2/06.	2/14/2007 to 2/14/2009
Anthony Russell Knisley Kansas City, MO	RN2007005977	Section 335.066.1 and .2(1) and (2), RSMo 2000 On 4/27/94 and 10/11/96, Licensee pled guilty to charges of DUI. On 10/12/99, Licensee pled guilty to the charge of DWI. On 4/29/02, Licensee was convicted of DUI and Refusing to Submit to a Chemical Test. On 4/7/03, Licensee was convicted of Felony DUI. On 6/27/03, Licensee pled guilty to Felony DWI.	2/22/2007 to 2/22/2009
Peter Kamau Maina Kansas City, MO	PN2007002252	Section 335.066.1 and .2(2) and (14), RSMo 2000 On 6/15/05, Licensee pled guilty to misdemeanor charges of possession of under 35 grams of marijuana and possession of drug paraphernalia.	1/25/2007 to 1/25/2008
Sharon Lynne Ruis Chesterfield, MO	PN2007003886	Section 335.066.1 and .2(1), RSMo 2000 On 10/24/00, 7/29/04 and 10/5/04, Licensee pled guilty to DWIs.	2/9/2007 to 2/9/2010

Disciplinary Actions cont. to page 15

CENSURE

Name	License Number	Violation	Effective Date of Censured License
Joyce Weiss-Bingham Springfield, MO	RN133030	Section 335.066.2(6), RSMo 2000 From 5/1/05 to 6/30/06, Licensee practiced as a registered professional nurse on a lapsed license.	Censure 3/1/2007
Penny J Eckles Columbia, MO	RN135324	Section 335.066.2(6), RSMo 2000 From 5/1/05 until 8/1/06, Licensee practiced as a registered professional nurse on a lapsed license.	Censure 3/1/2007
Rebecca A Heibult Rolla, MO	PN026010	Section 335.066.2(5), RSMo 2000 On 3/24/06, Licensee flushed a central line even though she was not IV certified. On 3/10/06, a burn patient complained that Licensee was "very rough" when Licensee handled his wound. The patient's physician reported that the patient's burn was not healing properly with Licensee doing the dressing change. There was another incident in which a patient complained about Licensee's dressing changes, stating that the dressing would not stay on.	Censure 1/23/2007
Emily Jean Henderson Jefferson City, MO	PN052504	Section 335.066.2(5), RSMo 2000 On 5/22/06, Licensee clocked in to work at 7:01 a.m. and clocked out 47 minutes later at 7:48 a.m. The RN-Clinical Coordinator reported that Licensee approached her on 5/22/06 and stated that she needed to go home and check on her daughter. The RN-Clinical Coordinator reported that in the time Licensee was at work she had taken report on 5 patients and charted in 2 of the patient's charts. Licensee never returned to work after she clocked out at 7:48 a.m.	Censure 3/1/2007
Vickie Lee Horning Kansas City, MO	PN035103	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee was required to submit employer evaluations from each and every employer. If Licensee ended employment with an employer, Licensee was required to cause a final evaluation form from that employer to be submitted to the Board. The Board did not receive the final evaluation form.	Censure 12/19/2006

Censure cont. to page 16

Collaborative Health Care cont. from page 15

Collaborative Health Care Scope of Practice Document Produced

CHICAGO—Representatives from six leading organizations whose members are health care regulatory licensing boards recently created a practical document designed to assist legislators and regulatory bodies with making decisions about changes to health care professions’ scopes of practice. Attempting to address scope of practice issues from a public protection viewpoint, the Association of Social Work Boards (ASWB), the Federation of State Boards of Physical Therapy (FSBPT), the Federation of State Medical Boards (FSMB), the National Association of Boards of Pharmacy (NABP®), the National Board for Certification in Occupational Therapy (NBCOT®) and the National Council of State Boards of Nursing, Inc. (NCSBN®) representatives worked together to describe when a specific health care profession is capable of providing the proposed care in a safe and effective manner.

These representatives believe that health care education and practice developed in such a way that most professions today share some skills or procedures with other professions and it is no longer reasonable to expect each profession to have a completely unique scope of practice, exclusive of all others.

“Paramount in any discussion about scope of practice is the question of whether a profession can provide a proposed service in a safe and effective manner,” comments Kathy Apple, executive director of NCSBN.

The Changes in Healthcare Professions’ Scope of Practice: Legislative Considerations document is an additional resource that can be used by state legislatures, health care professions and regulatory boards in proposing changes to practice acts and to brief legislators regarding those changes, just as various professions’ model practice acts are used. The fundamental goals are to promote better consumer care across professions and competent providers, improve access to care and recognize the inevitability of overlapping scopes of practice.

The primary focus of the Scope of Practice document is public protection. It concludes by recommending that legislative and/or regulatory bodies consider all of the following critical factors in their decision-making processes: the historical basis for the profession, especially the evolution of the profession that is advocating a scope of practice change; the relationship of education and training of practitioners to scope of practice; the evidence related to how the new or revised scope of practice benefits the public; and the capacity of the regulatory agency involved to effectively manage modifications to scope of practice changes.

The full text of the Scope of Practice document may be accessed at <https://www.ncsbn.org/ScopeofPractice.pdf>.

Censure cont. from page 15

Name	License Number	Violation	Effective Date of Censured License
John William Keyes Carl Junction, MO	RN117753	Section 335.066.2(6), RSMo 2000 From 5/1/05 until 8/2/06, Licensee practiced as a registered professional nurse on a lapsed license.	Censure 3/1/2007
Janice L Klatt Columbia, MO	PN034310	Section 335.066.2(6), RSMo 2000 From 6/1/04 until 5/16/06, Licensee practiced as a licensed practical nurse on a lapsed license.	Censure 3/1/2007
Kimberly C LeSieur Portageville, MO	RN2002027234	Section 335.066.2(5), RSMo 2000 On 11/17/05 and 12/28/05, Licensee accessed an individual's medical records. Licensee never cared for the individual and had no medical reason to access their medical records.	Censure 3/1/2007
Norman L Munoz Kansas City, MO	RN2005023359	Section 335.066.2(5) and (12), RSMo 2000 During the morning hours of 2/21/06, Licensee reported to work at the hospital with an odor of alcohol emanating from his person. Licensee reported to several co-workers that he had been out drinking until 2 a.m. Licensee was asked to submit to a drug and alcohol screen which he refused.	Censure 12/28/2006
Phyllis Ann Rau Saint Charles, MO	PN040396	Section 335.066.2(5) and (14), RSMo 2000 From 6/1/00 to 5/10/06, Licensee practiced as licensed practical nurse on a lapsed license.	Censure 12/29/2006
Deborah A Slay Granite City, IL	RN101039	Section 335.066.2(5), RSMo 2000 On 4/12/06, Licensee directed a subordinate to alter a patient record by placing in the record a care plan for wound care that had not previously existed and did not follow policy in documenting late entries.	Censure 1/23/2007
Lou Ann White Harvester, MO	PN053798	Section 335.066.2(5) and (12), RSMo 2000 On 3/13/05, Licensee was scheduled to work a double shift; a 3-11 shift on the A-side and then a 11-7 shift on the B-side. On 3/13/05, Licensee changed the 11-7 shift assignment, changing the hall assignment, without approval from her employer. Licensee clocked out at 11:35 p.m. and abandoned her shift.	Censure 1/26/2007

PROBATION

Name	License Number	Violation	Effective Date of Probation
Dianne M Bennett Smithville, MO	PN025424	Section 335.066.2(1), RSMo 2000 On 9/7/05, Licensee submitted to a pre-employment drug screen which was positive for marijuana. Upon notification of the positive result Licensee stated that she had taken Marinol about two months ago. Licensee stated that she had purchased Marinol in Canada and used it as an appetite stimulant. Her employer requested a prescription for Marinol from Licensee, to this date they have not received a prescription.	Probation 1/5/2007 to 1/5/2008
Mary Susannah Bertz Saint Louis, MO	PN2001030488	Section 335.066.2(5), RSMo 2000 Licensee is licensed as a licensed practical nurse. While caring for a patient Licensee administered IV push meds to the patient.	Probation 3/1/2007 to 3/1/2008
Rhonda Marlene Billmeyer Saint Louis, MO	RN2003022368	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee is required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. During her probation, Licensee has failed to call in to NCPS, Inc. on 26 days.	Probation 12/15/2006 to 12/15/2011
Yolanda R Blanchard Bellville, IL	PN056549	Section 335.066.2(5) and (12), RSMo 2000 On 10/30/05, Licensee was assigned to work 3pm to 9pm at the client's home to provide continuous nursing care for the patient, her father. The patient was diagnosed with cancer involving the liver/spleen/pancreas and was at the end stage of the disease process. Licensee arrived at approximately 3pm on 10/30/05 and assumed nursing care of the patient. On 10/30/05, License administered the maximum dosage of Roxanol to the patient every hour from 3pm to 7pm with a double dosage documented at 6pm without evidence of a physician order to repeat the dosage, with no documented improvement in the level of pain or clear documentation of the quality or location of the pain. Licensee failed to assess the patients' response to the medication administered, failed to assess the patient's blood pressure, pulse or respiratory status with increased use of narcotic analgesics and failed to notify the patient's physician when the patients' level of pain did not improve with the maximum treatment or when the patient developed a cough. Licensee failed to document a physical assessment and pain assessment to support the frequency of administration of Roxanol.	Probation 12/14/2006 to 12/14/2007

Probation cont. from page 16

Name	License Number	Violation	Effective Date of Probation
Daren K Cartwright Belton, MO	PN058009	Section 335.066.2(5) and (14), RSMo 2000 Licensee failed a pre-employment drug screen which tested positive for marijuana.	Probation 12/6/2006 to 12/6/2007
Regena Lucille Casey Salina, KS	RN2001031311	Section 335.066.2(2), RSMo 2000 Nursing staff reported to the Director that Licensee was falling asleep on duty, using poor nursing judgement and was not following policy and procedure. It was also reported that the narcotics count was not balancing out. Licensee was moved to another hall with no access to narcotics. On 7/27/04, Licensee was found to have the narcotics key on her person. It was noted that Licensee was acting strangely. Because of Licensee's behavior and having the narcotics key, she submitted to a rapid drug screen which was positive for opiates, specifically Hydrocodone. Hydrocodone was not a medication listed as one of Licensee's prescriptions. On 7/27/04, a narcotics count was completed on the hall Licensee was working. Klonopin 0.5, Lortab, 7.5/500 mg and Lorazepam 0.5, were found to be missing. Xanax 0.25 mg and Darvocet N100/650 were signed out as given and pills were still in the bubble pack. Duragesic, 25 mg was laying inside a book, not given but was signed out as given.	Probation 1/25/2007 to 1/25/2010
Cynthia Jean Childers Rolla, MO	RN2001029523	Section 335.066.2(5) and (12), RSMo 2000 Licensee worked from 7:00 p.m. 9/6/04 to 7:00 a.m. 9/7/04 in the ICU. During her shift from 9/6-7/04, Licensee was responsible for a patient. Patient was in restraints. Licensee removed the patient's restraints and within 30 minutes, patient extubated herself and had to be placed on oxygen. Patient repeatedly removed her oxygen mask overnight, and it was necessary for Licensee to provide the patient with a lot of bedside attention. When a technician informed Licensee that the patient's oxygen saturation levels were low, Licensee's response was "I don't care." When a nurse informed Licensee that the patient's oxygen saturation levels were less than half of what they should be, Licensee again replied "I don't care." When the nurse repeated her statement to Licensee, Licensee replied	Probation 2/16/2007 to 2/16/2009

National Survey

The National Association for Practical Nurse Education and Service, Inc., (NAPNES) in partnership with the Infusion Nurses Society Certification Corporation (INSCC) is conducting a national survey on the role of LPNs / LVNs in infusion therapy. The survey can be completed online by going to: <http://www.napnes.org/phpESP/public/survey.php?name=jobanalysis>

Missouri Hospital Association To Offer Financial Assistance For New Clinical Faculty

The ability of Missouri’s hospitals to meet their future nurse staffing requirements is dependent on the ability of Missouri’s schools of nursing to educate a sufficient number of students.

With nearly every nursing school in the state turning qualified applicants away because of insufficient numbers of faculty, the Missouri Hospital Association thought it was important to address this issue.

MHA has created a program to increase the number of clinical faculty statewide by providing cost of living assistance for baccalaureate-prepared bedside nurses to pursue a postgraduate degree in order to serve as clinical faculty. This initiative will allow BSNs to accelerate completion of their postgraduate degrees while continuing to work part-time, if necessary.

The program will provide financial assistance up to \$10,000 per academic year for up to two years for bachelor’s prepared nurses who are enrolled full-time (\$5,000 for part-time enrollment) in an accredited master of science in nursing program. This will provide support for up to 25 full-time or 50 part-time students or a combination of full- and part-time students.

Financial assistance can be used for tuition and living expenses and will be disbursed on a reimbursement system. Upon graduation, recipients must serve as nursing faculty at a Missouri nursing school for each year that funding is received. Because the funds may be used for living expenses and work repayment is required, this assistance will be reported to the Internal Revenue Service.

Applicants must hold a Missouri nursing license and attend a duly accredited and licensed institution that awards the master of science in nursing degree. Applicants must be eligible to graduate with a master of science in nursing degree in two years with the degree completed no later than Dec. 31, 2009.

Applications will be available in late March with funding available for the fall 2007 semester. For more information about the program, please contact Linda Shields at the Missouri Hospital Association at 573/893-3700, ext. 1375 or ls Shields@mail.mhanet.com.

Probation cont. from page 17

Name	License Number	Violation	Effective Date of Probation
		"I told you, I don't care." Other staff members went to the patient's assistance. Licensee did not act immediately to assist her patient and only entered the room after other staff provided care to the patient. The patient's care was delayed by Licensee's inappropriate response. Licensee was asked to complete an event report in the computer regarding this incident, but no entry was recorded.	
Tina L. Daniels Cassville, MO	PN056482	Section 335.066.2(5), RSMo 2000 On 12/8/05, the Executive Director from a health care facility reported she spoke to a patient's mother via telephone and the patient's mother stated that she noticed two errors on her copies of Licensee's time sheets for November 27 and December 4, 2005. Licensee documented that she had provided services to her patient on 11/27/05 however there was no services provided by Licensee on that date. In addition Licensee documented that she had spent nine hours with her patient on 12/4/06 however the patient's mother reported that Licensee had only been with the patient for six hours that day. It was reported that Licensee changed her hours from six to nine on her time slip after the document was signed by the patient's mother. Licensee admitted to her supervisor that she has in fact falsified her time slips. Licensee's supervisor asked Licensee if she had falsified her time slips before these two incidents and Licensee stated that she had, however Licensee later stated that she had only falsified time slips on November 27 and December 4, 2005. Licensee also stated that on 12/4/05 she did not administer her patient's medication.	Probation 12/26/2006 to 12/26/2007
Amanda Marie Dildine Morrison, MO	PN2003026124	Section 335.066.2(5) and (12), RSMo 2000 While on duty on 4/1 and 2/06, Licensee exhibited inappropriate behavior. Based on her behavior, the DON requested Licensee to submit to a urine drug screen. Licensee refused to submit to the urine drug screen because her boyfriend "smoked pot" and she was around it. Licensee also admitted to smoking marijuana on occasion. After Licensee left the facility, it was determined that she failed to document the administration of numerous routine medications on the patient's medication administration records.	Probation 2/8/2007 to 2/8/2012
Christine Michelle Fowler Joplin, MO	RN2000163946	Section 335.066.2(5) and (12), RSMo 2000 Licensee failed to document or notify the patient's physician of her inability to obtain a continuous reading of the fetus' heart rate.	Probation 2/15/2007 to 2/28/2007
Roberta Goss Caufield, MO	PN039851	Section 335.066.2(5) and (12), RSMo 2000 On 1/17/05, Licensee failed to provide medical treatment to a resident. Licensee was in charge of Resident on 1/17/05. The prescribed order was for Albuterol Inhaler to be administered at 8:00am, 12:00pm, 4:00pm, and 8:00pm daily. Licensee indicated on chart that she administered prescribed nebulizer breathing treatment at 8:00am and 12:00pm on 1/17/05.	Probation 2/22/2007 to 2/22/2008
Carrie Maude Huntsman Moberly, MO	RN2001022929	Section 335.066.2(5) and (14), RSMo 2000 In 5/05, Licensee was randomly chosen to participate in a drug screen. At the time of the drug screen, Licensee advised that her drug screen would come back positive for marijuana. Licensee agreed to seek counseling and attend Narcotics Anonymous meeting for one year, as a condition of her employment. On 11/29/05, follow-up drug screenings were conducted on employees who tested positive on drug screens. Again Licensee stated she should test positive for marijuana on the drug screen. Due to this information Licensee was terminated. Licensee stated that she smoked marijuana approximately 20 times between 5/05 and 11/05 including the weekend prior to 11/29/05.	Probation 1/23/2007 to 1/23/2009
Frances L. Madison Malta Bend, MO	PN020058	Section 335.066.2(5), RSMo 2000 On 2/24/06, Licensee wrote a note which described a patient's toe as "necrotic" however Licensee later changed the note to read that the patient's toe had a "black hard crusty area." Licensee admitted to altering a patient's medical records.	Probation 12/29/2006 to 12/29/2007
Anna Elizabeth Mertz East Saint Louis, IL	RN2003006955	Section 335.066.2(5) and (14), RSMo 2000 On 8/6/05, Licensee submitted to a drug screen which was positive for Dilaudid.	Probation 12/6/2006 to 12/6/2011

Probation cont. from page 18

Name	License Number	Violation	Effective Date of Probation
Catherine Marie Mueller Washington, MO	PN2005036129	Section 335.066.2(5), RSMo 2000 Licensee recorded 5 accu-checks for three different residents however the glucometer showed that there were no accu-checks done. On 6/21/06, the glucometer was checked again and showed that the licensee did not do any accu-checks as ordered by the physician. On 6/20/06, licensee only administered one tube feeding when three should have been administered to a resident. Licensee documented that all three tube feedings were administered.	Probation 3/1/2007 to 3/1/2008
Gregory Franklin Rhines Sikeston, MO	PN2005027306	Section 335.066.2(14), RSMo 2000 On 4/7/06, Licensee submitted to a drug screen which was positive for marijuana and cocaine.	Probation 3/1/2007 to 3/1/2012
Ricky E Shepherd Springfield, MO	RN2002005262	Section 335.066.2(5), RSMo 2000 On 5/26/05, Licensee was terminated due to the repeated customer service issues and the lack of improvement in Licensee's behavior. In 5/03, Licensee received a verbal warning for issues resulting to poor documentation. There was an incident in which Licensee examined a young girl in the Emergency Room. In the presence of her mother and the mother asked Licensee to examine the bruise on the child's arm. Licensee said "It looks like finger prints to me" and immediately left the room. The mother reported that she believed that Licensee was accusing her of child abuse. In another incident, a motorcycle accident victim came into the Emergency Room, was examined by the Licensee, the patient was ultimately discharged and sent home, however, the patient later returned because he discovered a laceration in his mouth which required oral/facial surgery. On several occasions it was reported by patients or their family members that Licensee displayed behavior that was "unacceptable" such as sighing loudly when asked a question, roll his eyes and give signs of other non verbal behavior that appeared "uncaring." The incident that resulted in Licensee's termination was when a rape victim came into the Emergency Room. The patient did not want her parents to be informed however she asked to speak to a priest. A nurse reported that when the Priest left the Hospital, Licensee said that the priest was "upset because he missed recess time at preschool."	Probation 1/23/2007 to 1/23/2008
Rebecca A Snelson Rolla, MO	PN059015	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee is required to contract with a third party to schedule random drug and alcohol screenings. The Board did not receive drug screens for the following quarters: 8/05 to 10/05, 11/05 to 1/06, 5/06 to 7/06 and 8/06 to 10/06. While Licensee did submit to drug screens during the above periods while under the care of a physician, the tests were not provided to the Board in a timely manner and were not random, as required by the Agreement.	Probation 12/14/2006 to 12/14/2009

Summary of Actions February/March 2007 Board Meeting

Education Matters

Proposals for New Program

- Initial Approval Status was granted to College of the Ozarks, Baccalaureate Degree Program with the revised curricular revisions as submitted.

Enrollment Changes

- Request to increase enrollment from 32 to 39 students (2007 class only) at South Central Career Center, PN Program, #17-177 were approved

Surveys

- Numerous survey reports were reviewed and accepted.

Discipline Matters

The Board held 8 disciplinary hearings and 16 violation hearings.

Licensure Matters

The Licensure Committee reviewed 20 applications and 7 renewal applications. Results of reviews as follows:

Initial Applications

Approved—5

Approved with letters of concern—3

Applications approved with probated licenses—6

Applications tabled for additional information—3

Denied applications—3

Renewal Applications

Issued letter of concern—1

Referred to Board for review—1

Probated—2

No further action—1

Tabled for Additional information—2

In addition 11 letters of concern for unlicensed practice were issued.

General Matters

We were honored to have Kathy Apple, Executive Director, National Council of State Boards of Nursing attend our Board meeting in February/March.

Probation cont. to page 20

The Board of Nursing is requesting contact from the following individuals:

Penny A. Banks, PN
Aprelle Danyelle Holbrook, PN
Lisa Ann Johnson, RN
Kevin R. Skea, RN
Gladys R. Warrior, RN

If anyone has knowledge of their whereabouts, please contact Quinn at 573-751-8740 or send an email to nursing@pr.mo.gov.

NUMBER OF NURSES CURRENTLY LICENSED IN THE STATE OF MISSOURI

As of May 1, 2007

Profession	Number
Licensed Practical Nurse	22,984
Registered Professional Nurse	83,140
Total	106,124

Probation cont. from page 19			
Name	License Number	Violation	Effective Date of Probation
Dorothy E Stapleton Independence, MO	PN042525	Section 335.066.2(5), RSMo 2000 From 11/04 until 9/05, on six different occasions Licensee failed to complete tasks assigned to her and document tasks assigned to her or both.	Probation 1/23/2007 to 1/23/2008
Debra A Stark Herculaneum, MO	RN2005008383	Section 335.066.2(5) and (14), RSMo 2000 On 3/3/06, Licensee admitted to forging a prescription dated 2/26/06 for Darvocet.	Probation 12/6/2006 to 12/6/2009
Melissa Lynn Niebaum-Straub Platte City, MO	PN2000147956	Section 335.066.2.(5) and (14), RSMo Licensee was employed as an office nurse, gave the wrong injections to two patients and failed to properly document the injections. No significant injury resulted from the error. Licensee also gave injections to another patient without a written physician's order.	Probation 1/23/2007 to 1/23/2008
Melissa A Thayer Sparta, MO	PN052144	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings. Licensee failed to appear for the 10/12/06 and 11/1/06 meetings.	Probation 12/13/2006 to 12/13/2008
Nita M Vespa Godfrey, IL	RN107711	Section 335.066.2(4), (5) and (12), RSMo 2000 From 7/22/04 to 7/23/04, on 4 occasions, Licensee submitted to her employer for collection, documents reporting home visits, failed to perform such home visits, falsified information given on the forms pertaining to the visits and forged patient's signature on the documents.	Probation 2/1/2007 to 2/1/2010
Robyn L Williams Sainte Genevieve, MO	RN151158	Section 335.066.2(5), RSMo 2000 On 4/5/05, Licensee failed to follow the facility's policies and procedures concerning documentation and narcotic security.	Probation 2/7/2007 to 2/7/2008

SUSPENSION/PROBATION

Name	License Number	Violation	Effective Date of Suspension
Dawn M Lentz St. Charles, MO	RN110453	Section 536.060, RSMo 2000 In 6/05, Licensee reported for duty in an impaired condition. In 7/05, Licensee misappropriated Soma for her personal consumption.	Suspension 12/14/2006 to 12/14/2007 Probation 12/15/2007 to 12/15/2012

REVOKED

Name	License Number	Violation	Effective Date of Revocation
Timothy G Barrett Saint Louis, MO	RN127739	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement. Licensee was required to contract with a third party to schedule random drug and alcohol screenings. Screens were to be performed at least once per quarter, or at least four times per year. The Board did not receive drug test results for the following quarters: 3/6/06 and 6/9/06.	Revoked 12/12/2006
Diana L Bartlett Lincoln, MO	PN039882	Section 620.153, RSMo 2000 On 3/9/06, Licensee received a critical protime on a client, paged the doctor, received a verbal order to hold coumadin, give Vitamin K and repeat the lab. She transcribed the verbal order, but did not administer the medication nor did she report the critical lab value to her supervisor, per hospital policy. The medication was present in the pyxis and was listed on the posted list of medications stocked in the pyxis. Medication was documented as PO not IM, thus Licensee failed to properly document and administer the verbal order received from the doctor.	Revoked 2/8/2007
Judith Ann Berry Olathe, KS	RN2001001388	Section 620.153, RSMo 2000 On 7/27/05, the Kansas State Board of Nursing revoked Licensee's license based on her failure to comply with her requirements in the KNAP program and three alcohol relapses.	Revoked 12/13/2006
Patricia B Brinkley Hannibal, MO	PN014661	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement. Licensee was required to abstain completely from the use of consumption of alcohol. On 8/21/06 and 9/22/06, Licensee submitted urine samples which tested positive for the presence of ethyl glucuronide, a metabolite of alcohol.	Revoked 12/12/2006
Christine M Brown Saint Peters, MO	RN132967	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement. Licensee was required to contract with NCPS, Inc. and participate in random drug and alcohol screenings. Licensee never contracted with NCPS, Inc.	Revoked 12/12/2006
Kelli Leigh Durbin Kirksville, MO	PN056825	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meeting and by not submitting the required documentation. Licensee was required to contract with NCPS, Inc. and participate in random drug and alcohol screenings. Licensee never contracted with NCPS, Inc. Licensee was required to undergo a thorough chemical dependency evaluation and have the results sent to the Board. Licensee has never submitted a thorough chemical dependency evaluation to the Board. Licensee is required to meet with representatives of the Board at regular intervals. Licensee was advised by Board Staff to attend a meeting with the Board representative and failed to attend the meeting or reschedule.	Revoked 12/12/2006
Debra S Eaton Mount Vernon, MO	PN050024	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation.	Revoked 12/14/2006
Elizabeth A Findley Excelsior Springs, MO	PN047835	Section 335.066.2(1), (5) and (12), RSMo 2000 On 6/22/05, a resident at the Center reported that Licensee had attempted to give her a tablet of Tylenol instead of the Vicodin pill as ordered by her treating physician. Further inspection revealed the resident's Vicodin pill was missing. On this same date, at approximately 1800, Licensee was observed sleeping while on duty. Licensee reported consuming Ultram and Flexoril prior to reporting for duty at the Center. On 6/23/05, Licensee was requested to submit to a urine drug screen which was positive for Benzodiazepines.	Revoked 12/14/2006
Kimberly D Irby Eureka Springs, AR	PN034884	Section 620.153, RSMo 2000 The Kansas Board of Nursing suspended Licensee's license in 2004 for failing a pre-employment drug screen.	Revoked 12/13/2006
Leigha J Glass Greenville, TX	PN2000153549	Section 620.153, RSMo 2000 In 1999, Licensee submitted an Application for license as a Licensed Practical Nurse by Examination. Licensee reported two prior DWI charges which she pled guilty to. In 7/96, Licensee was charged with DWI and pled guilty to a reduced charge of Excessive Blood Alcohol. In 3/99, Licensee was again charged with DWI and pled guilty. The Board granted Licensee's Second Application subject to her successful completion of the NCLEX-PN examination. On 3/30/00, Licensee pled guilty with the misdemeanor offense of operating a motor vehicle on a highway while her driver's license was revoked. On 9/3/02, Licensee pled guilty with the offense of DWI. Licensee failed to disclose the criminal charges on her Second Application. Licensee submitted a renewal application to the Board in 2002 and failed to disclose the criminal charges on her renewal application. Licensee also failed to disclose disciplinary action taken against her Texas nursing license.	Revoked 12/28/2006

SCHEDULE OF BOARD MEETING DATES THROUGH 2008

June 6-8, 2007
September 12-14, 2007
December 5-7, 2007
March 5-7, 2008
June 4-6, 2008
September 10-12, 2008
December 3-5, 2008

Meeting locations may vary. For current information please view notices on our website at <http://pr.mo.gov> or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Note: Committee Meeting Notices are posted on our web site at <http://pr.mo.gov>

Probation cont. from page 19

Name	License Number	Violation	Effective Date of Revocation
Trisha Greenstreet El Dorado Springs, MO	PN042305	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meeting and by not submitting the required documentation. Licensee was required to contract with NCPS, Inc. and participate in random drug and alcohol screenings. Licensee never contracted with NCPS, Inc. Licensee was required to undergo a thorough chemical dependency evaluation and have the results sent to the Board. Licensee has never submitted a thorough chemical dependency evaluation to the Board. Licensee is required to meet with representatives of the Board at regular intervals. Licensee was advised to attend a meeting with the Board representative and failed to attend the meeting or call to reschedule the meeting. Licensee was required to submit employer evaluations from each and every employer. The Board has received no employer evaluations or statements of unemployment.	Revoked 12/12/2006
Juanita A Person Saint Louis, MO	RN101120	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee was required to contract with NCPS, Inc. and participate in random drug and alcohol screenings. Licensee never contracted with NCPS, Inc. Licensee was required to undergo a thorough chemical dependency evaluation and have the results sent to the Board. The Board has never received a thorough chemical dependency evaluation. The Board has received no employer evaluations or statement of unemployment during the entire period of Licensee's probation. Licensee failed to attend the meeting or call to reschedule.	Revoked 12/12/2006
Thomas R Pigg Lake Saint Louis, MO	RN134664	Section 335.066.2(1), (5), (12) and (14), RSMo 2000 On 2/17/06, Licensee reported relapsing on Demerol which he misappropriated for his personal consumption.	Revoked 12/14/2006
Billye Nichole Scholes Pittsburg, KS	RN2003017235	Section 620.153, RSMo 2000 From 10/03 to 12/03, Licensee misappropriated meperidine and self-administered it.	Revoked 12/13/2006
Gloria J Lease-Smith Spickard, MO	RN096253	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement. Licensee was required to keep her nursing license current. Licensee's license expired on 4/30/03 and she failed to renew her license.	Revoked 12/12/2006
Colleen M Sullivan Saint Louis, MO	RN083493	Section 620.153, RSMo 2000 In 8/05, Licensee misappropriated Tylox for her personal consumption. In 10/05, Licensee repeatedly failed to properly document the administration and/or wastage of controlled substances. On 5/31/06, licensee's name was placed on the Department of Health and Senior Services' Employee Disqualification List for one year.	Revoked 12/13/2006
Patricia A Vernon Saint Joseph, MO	RN114788	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee was required to contract with NCPS, Inc. and participate in random drug and alcohol screenings. Licensee failed to call in to NCPS, Inc. on 21 days. Licensee was to submit an employer evaluation from every employer or, if Licensee was unemployed, a notarized statement indicating the periods of unemployment. Licensee acknowledged that she had not submitted an employer evaluation from her employer and indicated that she would follow up with her employer. The Board has never received that evaluation or a certified statement of unemployment.	Revoked 12/12/2006
Stephanie L Voltmer Gravois Mills, MO	PN038844	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meeting and by not submitting the required documentation. Licensee was required to contract with NCPS, Inc. and participate in random drug and alcohol screenings. Licensee failed to contract with NCPS, Inc. Licensee was required to undergo a thorough chemical dependency evaluation and have the results sent to the Board. Licensee failed to undergo a thorough chemical dependency evaluation. Licensee is required to meet with representatives of the Board at regular intervals. Licensee failed to attend the meeting or reschedule.	Revoked 12/12/2006

VOLUNTARY SURRENDER

Name	License Number	Violation	Effective Date of Voluntary Surrender
Annie Jo Baker Kansas City, MO	PN2003002333	Section 335.066.2(9), RSMo 2000 On 6/19/06, Licensee was found to be mentally incapacitated by the Circuit Court of Jackson County, MO.	Voluntary Surrender 1/18/2007
John T Belford Saint Louis, MO	RN129876	Section 335.066.2(5), (12) and (15), RSMo 2000 On 4/25/05, Licensee was assigned to care for a patient M.D. Patient M.D. was diagnosed with Parkinson's and he was a tube feeder. On 4/25/05, Licensee was informed by the nurse's aides that patient M.D. had brown emesis and loose stool. Upon receiving this information, Licensee failed to assess M.D. Licensee was also informed by the nurse's aides that M.D. was vomiting; however, Licensee took no action. Licensee never turned off M.D.'s tube feeding throughout his shift on 4/25/05. After the 4th or 5th time Licensee was told of M.D.'s condition, a different nurse from another part of the building was asked to assist the patient. When another nurse arrived, Licensee was observed trying to force the tube meds into patient M.D.'s g-tube. The nurse instructed Licensee to call the physician and Licensee left M.D.'s room and never returned. Licensee was observed sitting at the nurses' station. On 1/31/06, Licensee's name was placed on the Department of Health and Senior Services Employee Disqualification List for a period of 4 years.	Voluntary Surrender 12/21/2006
Sherry L Cantwell Aurora, MO	RN153549	Section 335.066.2(1) and (14), RSMo 2000 On 8/17/03, Licensee possessed and consumed marijuana. On 8/18/03, Licensee submitted to a pre-employment urine drug screen which was positive for marijuana. In a letter submitted to the Board dated 5/23/05, Licensee reported smoking marijuana at a party the day prior to her pre-employment urine drug screen.	Voluntary Surrender 2/15/2007
Donna K Griffith Urich, MO	PN032883	Section 195.202, RSMo 2000 Licensee signed off that she and another witness had destroyed 11 cards of patient medication, including Vicodin, Lorazepam, Alprazolam, Propoxyphene, and Ambien. Licensee admitted that she had taken the 11 cards. She explained that she had taken some Vicodin for personal use.	Voluntary Surrender 3/21/2007
Jessica Erin Neal Saint Louis, MO	RN2001026743	Section 621.045.3, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings.	Voluntary Surrender 1/10/2007
Arthur A Ridge Salisbury, MO	PN048484	Section 335.066.2(2), RSMo 2000 On 11/9/06, Licensee entered a plea of guilty to the charge of Deviate Sexual Assault.	Voluntary Surrender 2/7/2007
Sandra E Wynn Cairo, IL	RN2001027714	Section 621.045.3, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee is required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. During her probation, Licensee has failed to call in to NCPS, Inc. on 138 days.	Voluntary Surrender 12/26/2006



What Does a Yellow Wristband on a Patient Mean to You?

The Missouri Center for Patient Safety announced *Banding Together—For Patient Safety* at the closing session of the *Patient Safety: Achieving Success in Missouri* conference on March 29, 2007.

Banding Together—For Patient Safety establishes standardized guidelines and resources for the use of red, yellow and purple wristbands for voluntary implementation by Missouri hospitals. Missouri is the eighth state in the nation to establish such guidelines.

At the request of a physician in Columbia concerned about the risk to patients of non-standardized use of colored wristbands, the Center assessed standardization activities in other states, surveyed Missouri hospitals and nursing homes and formed a team to address the topic. The results of this assessment reveal.

- In Pennsylvania, an error occurred when a nurse placed a yellow wristband on a patient to designate “restricted extremity;” however, in that hospital yellow designates

“do not resuscitate.” When the patient arrested, resuscitation was delayed until an alert staff member identified the discrepancy and revived the patient. The nurse who placed the wristband worked at another hospital in the same community where yellow designates “restricted extremity”—an error that can easily be made. In response to this event, the Pennsylvania Patient Safety Authority implemented a voluntary statewide guideline for the use of colored wristbands.

- In response to the Pennsylvania event, Arizona and five other Southwestern states also implemented voluntary statewide guidelines.
- A number of other states are in the process of addressing the issue.

The November 2006 survey of Missouri hospitals and nursing homes identified.

- 92 percent of hospital respondents and only a few nursing homes use colored wristbands

- 21 different clinical conditions are designated by no fewer than 29 different colors
- The color yellow is currently used to designate at least nine different conditions
- Red is currently used to designate at least seven conditions
- Do not resuscitate is designated by at least seven different colors
- Most wristbands also include text but use of text varies widely among users
- Most hospitals do not have a policy to address personal wristbands such as the yellow “Lance Armstrong” and pink “Breast Cancer Awareness” bracelets that are worn by patients when they are admitted to the hospital
- A majority of respondents believe a voluntary statewide guideline would reduce risk to patients

In response, the Center’s team is now implementing the following recommendations.

- Standardization of the use of wristband colors in hospitals—red for allergy, yellow for fall risk, purple for do not resuscitate
- Hospitals to be leaders in their market area by working with other providers to adopt the same guidelines, as appropriate
- Use of text on the wristband in addition to the color
- Development of policies to remove personal wristbands upon admission to the hospital

Implementation of *Banding Together—for Patient Safety* will include distribution of an Implementation Toolkit containing resources for policies and procedures; education of staff, patients and the public and tips to engage other providers within the community as well as support for hospital implementation of the voluntary guidelines during the summer of 2007.

Hospitals wanting to implement the guidelines are to identify a champion for their hospital and provide that individual’s contact information to the Center for ongoing communication about roll-out of the project.

Additional information about the project is available at www.mocps.org. To contact the Center, call 573-636-1014 or email Becky Miller, Executive Director, at bmiller@mocps.org.



Did you know you are required to notify the Board if you
change your name or address?

Missouri Code of State Regulation [(20 CSR 2200-4.020 (14)(b) (1)] says in part “If a change of name has occurred since the issuance of the current license, the licensee must notify the board of the name change in writing . . .” and (2) If a change of address has occurred since the issuance of the current license, the licensee must notify the board of the address change . . .”

Note: change of address forms submitted to the post office will not ensure a change of address with the Board office. Please notify the board office directly of any changes.

Type or print your change information on the form below and submit to the Board Office by fax or mail. Name and/or address changes require a written, signed submission. Please submit your change(s) by:

- Fax: 573-751-6745 or 573-751-0075 or
- Mail: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

Please complete all fields to ensure proper identification.		
<input type="checkbox"/> RN <input type="checkbox"/> LPN		
Missouri License Number		
Date of Birth		
Social Security Number		
Daytime Phone Number		
OLD INFORMATION (please print):		
First Name	Last Name	
Address		
City	State	Zip Code
NEW INFORMATION (please print)		
First Name	Last Name	
Address (if your address is a PO Box , you must also provide a street address):		
City	State	Zip Code
Signature (required)		
Date		

Duplicate license instructions:

It is not mandatory that you obtain a duplicate license. You may practice nursing in Missouri as long as your Missouri nursing license is current and valid. If you wish to request a duplicate license reflecting your new name, you must return ALL current evidence of licensure and the required fee of \$15.00 for processing a duplicate license.

Return this completed form to: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

Is Your License Lost or Has It Been Stolen?

If you would like to obtain a duplicate license because your license has been lost or stolen. Please contact our office and request an Affidavit for Duplicate License form or you may obtain it from the Licensure Information & Forms tab on our website at <http://pr.mo.gov/nursing.asp>